

P15000653591

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

SEP 28 2015
T. LEONARD
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Earthpay Systems Inc

DOCUMENT NUMBER: P15000053591

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Elder

Name of Contact Person

Earthpay Systems Inc

Firm/ Company

2049 Windward Drive

Address

Pompano Beach, FL 33062

City/ State and Zip Code

selder@syntenex.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Elder

at (954) 326-8044

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Earthpay Systems Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000053591

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2049 Windward Drive

Pompano Beach, FL 33062

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2049 Windward Drive

Pompano Beach, FL 33062

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Sandra Elder

2049 Windward Drive

(Florida street address)

New Registered Office Address:

Pompano Beach

(City)

, Florida 33062

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A