

P15000062030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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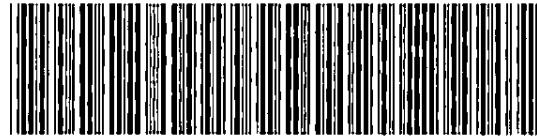
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 012794 98373A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 16, 2021

ORDER TIME : 9:11 AM

ORDER NO. : 012794-005

CUSTOMER NO: 98373A

CHANGE OF AGENT

NAME: LIQUID PAYMENTS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIQUID PAYMENTS INC.
Name of Corporation

DOCUMENT NUMBER: P15000062030

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Christian Sautter, Esq.

Name of Contact Person

Seiler, Sautter, Zaden, Rimes & Wahlbrink, PLLC

Firm/Company

2850 North Andrews Avenue

Address

Wilton Manors, FL 33311

City/State and Zip Code

csautter@seisau.net

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

For further information concerning this matter, please call:

Chris Sautter

Name of Contact Person

at (954

) 568-7000

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIQUID PAYMENTS INC.
2. The principal office address: 5645 Coral Ridge Drive, Suite 458, Coral Springs, FL 33076
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 07/21/2015 Document number: P15000062030
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Indu Kapur (resigned)

1843 NE 26th Avenue

Fort Lauderdale, FL 33305

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C. Christian Sautter, Esq.

2850 North Andrews Avenue

P.O. Box NOT acceptable

Wilton Manors, FL 33311

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X S.B. Kapur
Signature of an officer or director

Shashi Kapur, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9-16-2021
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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