

**P/60000 74519**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

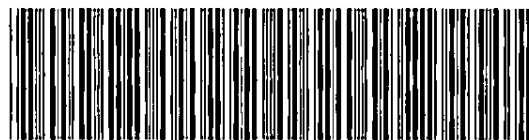
\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



**400322839764**

04/02/19--01010--008 \*\*35.00

S TALLENT  
APR 02 2019

Special Instructions to Filing Officer:

RECEIVED

2019 MAR 11 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FL

No #

Office Use Only

*R/A-Resign*

19 MAR 29 PM 4:34  
TALLENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2019

ATTN: ROA TEAM  
CAPITOL CORPORATE SERVICES, INC.  
PO BOX 1831  
AUSTIN, TX 78767

SUBJECT: FIRST PREMIER PAYMENT SOLUTIONS, INC.  
Ref. Number: P16000079519

We have received your document for FIRST PREMIER PAYMENT SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 319A00005646

RECEIVED

2019 MAR 29 PM 12:43

OFFICE OF THE  
TALLAHASSEE



**Resignation of Registered Agent for a  
Corporation**

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767  
Phone: (800) 345-4647 Fax: (800) 432-3622  
regagent@capitalservices.com

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: 3/26/2019  
STATE: FLORIDA  
REP UNIT: FIRST PREMIER PAYMENT  
SOLUTIONS, INC.

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Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 30593 in the amount of 35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-96553R



**Resignation of Registered Agent for a  
Corporation**

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767  
Phone: (800) 345-4647 Fax: (800) 432-3622  
regagent@capitol-services.com

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: 3/8/2019  
STATE: FLORIDA  
REP UNIT: FIRST PREMIER PAYMENT  
SOLUTIONS, INC.

---

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address.

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-96553R

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST PREMIER PAYMENT SOLUTIONS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000079519

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: ROA Team  
(Name of Person)

Capitol Corporate Services, Inc.  
(Name of Firm/Company)

PO Box 1831  
(Address)

Austin, TX 78767  
(City/State and Zip Code)

For further information concerning this matter, please call:

Agent Resignation Filings Team at ( 800 ) 345-4647  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for FIRST PREMIER PAYMENT SOLUTIONS, INC.

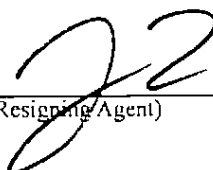
(Name of Corporation)

P16000079519

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Jason Fischer  
\_\_\_\_\_  
(Typed or Printed Name)

Assistant Secretary  
\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
19 MAR 29 PM 4:31