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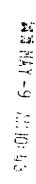
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PICK-UP	WAIT MAIL	
(Business	Entity Name)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Integrity Payment Processing Inc DOCUMENT NUMBER: P17000085353
DOCUMENT NUMBER: 11 1000085855
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Integrity Payment Processing The Firm/ Company 4916 W. 108 th Ter, Apt 712 Mailing Address Overland Park KS lele 211 City/ State and Zip Code Livia Caucle Lipp Camail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 318-8814 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment
to Articles of Incorporation
Articles of incorporation
Integrity faument Processing Inc. 5
(Name of Corporation as currently filed with the Florida Dept. of State)
11/1000085855
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Mutaing datatess <u>MAT DE AT ONE OF THE DOA</u>)
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 GCM Consulting Enterprises, Inc
41/20 SW 150-ST
(Florida street address)
New Registered Office Address: LOVAL Gables Florida 33134
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
l hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
D:00 Day 200
<u> </u>
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change <u>PT</u> John Doc X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name (Check One) 1) ____ Change Change Add _ Remove 3) ____ Change ___ Add ___ Remove 4) ____ Change ___ Add _Remove 5) ____ Change ___ Add Remove 6) ____ Change

__ Add

Remove

E. If amending or adding additional Artic	eles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
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F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
\ \(\) \(\) \(\)	
NIX	
ι	

The date of each amendment(s) adoption:	, if other than
date this document was signed. Effective date if applicable: 5/0/209	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/4/2019	
Signature Livra Caudill	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Livia Candell	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	