

P18000093581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

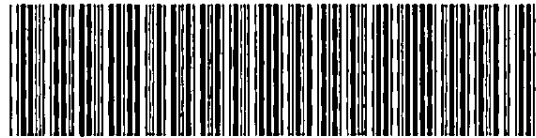
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 23 2021
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMART PAY SOLUTIONS INC
Name of Corporation

DOCUMENT NUMBER: P18000093581

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:

GIOVANNI DI FEBO

Name of Contact Person

SMART PAY SOLUTIONS INC

Firm/Company

17019 NW 13TH ST

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

giovannidifebo@gmail.com

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

For further information concerning this matter, please call:

Giovanni Di Febo

Name of Contact Person

at (917) 642-9126

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: SMART PAY SOLUTIONS INC
2. The principal office address: 17019 NW 13TH ST
PEMBROKE PINES, FL 33028
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/13/2018 Document number: P18000093581
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)

UNITED STATES CORPORATION AGENTS, INC.

5575 S. SEMORAN BLVD Suite 36

ORLANDO, FL 32822

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

Giovanni Di Febo

17019 NW 13TH ST

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33028

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.

DocuSigned by:

Giovanni Di Febo

Signature of an officer or director

0C9DEA5866A6478..

Giovanni DiFebo

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.

DocuSigned by:

Giovanni Di Febo

Signature of Registered Agent

0C9DEA5866A6478..

11/17/2020

Date

If signing on behalf of an entity:

Giovanni Di Febo

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)

2020 DEC -7 PM 1:09

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Certificate Of Completion

Envelope Id: DEAE02DDFD1942518F8A40E4FA78BBA4

Subject: Please DocuSign: Registered Agent Form.pdf

Source Envelope:

Document Pages: 2

Signatures: 2

Certificate Pages: 1

Initials: 0

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

Giovanni DiFebo

3363 ne 163rd St

503

North Miami Beach, FL 33160

gio@paymentclub.com

IP Address: 73.0.153.38

Record Tracking

Status: Original

11/17/2020 4:39:20 PM

Holder: Giovanni DiFebo

gio@paymentclub.com

Location: DocuSign

Signer Events

Giovanni DiFebo

gio@paymentclub.com

COO

PaymentClub

Security Level: Email, Account Authentication
(None)

Signature

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Giovanni DiFebo
8C20E43802A6478

Signature Adoption: Pre-selected Style
Using IP Address: 73.0.153.38

Timestamp

Sent: 11/17/2020 4:39:34 PM

Viewed: 11/17/2020 4:39:40 PM

Signed: 11/17/2020 4:40:18 PM

Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

11/17/2020 4:39:34 PM

Certified Delivered

Security Checked

11/17/2020 4:39:40 PM

Signing Complete

Security Checked

11/17/2020 4:40:18 PM

Completed

Security Checked

11/17/2020 4:40:18 PM

Payment Events

Status

Timestamps