P96000003089

RETRIEVER PAYMENT SYSTEMS

_ ATM/DEBIT & CREDIT CARD PROCESSING
121 MEADOWLANDS DRIVE
ROYAL PALM BEACH, FLORIDA 33411

City/State/Zip

Phone #

Office Use Only

Examiner's Initials

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U2U **35.00

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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,
the undersigned corporation organized under the laws of the State of Flow DA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation is: REPORTURE ALMENT STEMS of HA THE
1. The name of the corporation is: KETRIEVER AYMENT STEMS of HAD THE
2. The mailing address of the corporation is: 121 NEADOWLANDS DA
LOYAL Folm BEACH FL 33411
3. Date of incorporation/qualification: 1-8-96 Document number: P96 0000 3089
4. The name and address of the current registered agent and office:
dawrence Mc Egser ES 3
ROYAL PALM (SEACH FL 3341/ PAG & T
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office. (F. O. Box Not Acceptable)
_ SANSRA D. FYSER_ ST 2
121 MEADOWLANDS DA
Royal Falm Genest FL 33411
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 / /
Depla 2. France - 10/28/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
SANDOR D. KYSER, KES 10/8/97
(Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I fürther 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.
Suddle (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(3/96)