

# P96000076859

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

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Thanks! Brigman  
CT Corp*

## REGISTERED AGENT CHANGE

PAY EASY SOLUTIONS - COMPUPAY, INC.

Certificate of Status	0
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mm  
3/11/04*

**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: Pay Easy Solutions - CompuPay, Inc.
2. The principal office address: 8300 N.W. 53rd St Ste 401 Miami, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: September 13, 1996 Document number: P96000076839

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Heinzmann, Thomas  
8300 N.W. 53rd St, Suite 401  
Miami, FL 33166

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

- CT Corporation System  
c/o CT Corporation System  
(P.O. Box or personal mailbox NOT acceptable)  
1200 South Pine Island Road, Plantation, Florida 33324

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.

Sh 2/16  
(Signature of an officer, chairman or vice chairman of the board)

Thomas L. Heinzmann 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.*

CT Corporation System  
[Signature]  
(Signature of Registered Agent)

2/25/04  
(Date)

If signing on behalf of an entity:

Beverlee Stuewe Assistant Secretary  
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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