

Division of Corporations

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P9 7000045780

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847-7466
Fax Number : (608) 399-1028

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

11 MAY 24 PM 2:38

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ASSOCIATED BANKCARD SERVICES, INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

Amend.

Electronic Filing Menu

Corporate Filing Menu

Help

5/24/11

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May 24, 2011

FLORIDA DEPARTMENT OF STATE

ASSOCIATED BANKCARD SERVICES, INC.
1101 MIRANDA LANE
KISSIMMEE, FL 34741US

SUBJECT: ASSOCIATED BANKCARD SERVICES, INC.
REF: P97000045780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000136565
Letter Number: 811A00012845

RECEIVED
11 MAY 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



May 23, 2011

FLORIDA DEPARTMENT OF STATE

ASSOCIATED BANKCARD SERVICES, INC.
1101 MIRANDA LANE
KISSIMMEE, FL 34741US

SUBJECT: ASSOCIATED BANKCARD SERVICES, INC.
REF: P97000045780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000136565
Letter Number: 411A00012746

RECEIVED
11 MAY 24 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Associated Bankcard Services, Inc.

DOCUMENT NUMBER: P97000045780

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candy McDonah

Name of Contact Person

Swart Baumruk & Company LLP

Firm/ Company

1101 Miranda Lane

Address

Kissimmee, FL 34741

City/ State and Zip Code

taxes@sbc-cpa.com

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

For further information concerning this matter, please call:

Candy McDonah

Name of Contact Person

at (407)

847-7466
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

Associated Bankcard Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000045780

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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)

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:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP, D	Dustin DeGooljer	1420 S.W. 36th Terrace	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: May 18, 2011

Effective date if applicable: May 18, 2011 *(date of adoption is required)*
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ 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 cast for the amendment(s) was/were sufficient for approval

by _____

(voting 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 incorporator without shareholder action and shareholder action was not required.

Dated May 18, 2011

Signature



Bert DeGooyer, President

(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

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