

P99000005243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

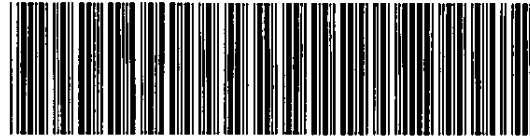
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/14--01018--014 **35.00

CHS
14 JUL -7 PM 3:41

Amend
1.24.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL MERCHANT SERVICES, INC.

DOCUMENT NUMBER: P99000005243

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

Please return all correspondence concerning this matter to the following:

Russell R. Winer

Name of Contact Person

Law Office Russell Winer

Firm/ Company

520 4th St N Ste 102

Address

St Petersburg FL 33701

City/ State and Zip Code

rw@inherit-florida.com

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

For further information concerning this matter, please call:

_____ at (727) 821-4000
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

RECEIVED FILED
CLERK OF COURT
14 JUL -7 PM 3:41

NATIONAL MERCHANT SERVICES, INC.

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

P99000005243

(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)

520 4th St N Ste 102
St Petersburg FL 33701

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14101 Sarasota
Redford MI 48239

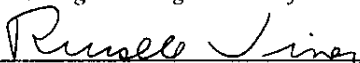
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Russell R. Winer
520 4th St N Ste 102
(Florida street address)

New Registered Office Address: St Petersburg, Florida 33701
(City) (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

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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Bradley E. Leshner	3805 Gulf Blvd. 203
<input type="checkbox"/> Add			St. Pete Beach, FL 33706
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	PS	Joyce Leshner	14101 Sarasota
<input checked="" type="checkbox"/> Add			Redford MI 48239
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

[illegible]

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)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 incorporators without shareholder action and shareholder action was not required.

Dated July 1, 2014

Signature

H. Joyce Leshner
(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)

Joyce Leshner

(Typed or printed name of person signing)

Joyce Leshner, (PR, Estate of Bradley Earl Leshner)

(Title of person signing)

Filing # 14195414 Electronically Filed 05/29/2014 01:15:20 PM

FILED 6/14/2014 8:34:21 AM KEN BURKE CLERK OF THE CIRCUIT COURT & COMPTROLLER
Ref. number: 14004184ES

IN THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA

IN RE: ESTATE OF

Bradley Earl Leshner

PROBATE DIVISION

File No. _____

Division _____

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, **Bradley Earl Leshner**

a resident of Pinellas County, Florida

died on May 2nd, 2014, owning assets in the State of Florida, and

WHEREAS, **Harriet Joyce Leshner**

has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned Circuit judge, declare **Harriet Joyce Leshner**

duly qualified under the laws of the State of Florida to act as personal representative of the estate of **Bradley Earl Leshner**

_____, deceased, with full power to administer the estate according to law, to ask, demand, sue for, recover and receive the property of the decedent, to pay the debts of the decedent as far as the assets of the estate will permit and the law directs, and to make distribution of the estate according to law.

ORDERED on June 12, 2014

Lauren C. Laughlin
Lauren C. Laughlin, Circuit Judge

Lauren C. Laughlin

Circuit Judge

cc: Russell R. Winer, Esq.

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014065659

DATE ISSUED: May 16, 2014

DECEDENT INFORMATION

STATE FILE DATE: May 9, 2014

NAME: BRADLEY EARL LESHER

DATE OF DEATH: FOUND ON May 2, 2014

SEX: MALE

AGE: 047 YEARS

DATE OF BIRTH: [REDACTED] 1967

SSN: [REDACTED]

BIRTHPLACE: BLOOMINGTON, ILLINOIS, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 6930 30th Avenue North

LOCATION OF DEATH: St Petersburg, PINELLAS COUNTY, 33710

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: NEVER-MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 6930 30TH AVENUE NORTH, ST PETERSBURG, FLORIDA 33710, UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: SALES, FINANCING

RACE: ☒ White ☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: EARL EDWARD LESHER

MOTHER: JOYCE BARBER

INFORMANT: JOYCE LESHER

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: 14101 SARASOTA, REDFORD, MICHIGAN 48239, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: CREMATION TRIBUTE CENTER

ST PETERSBURG, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: DAVID CHAMBERS, F044982

FUNERAL FACILITY: ALIFETRIBUTE FUNERAL CARE - GULFPORT F063606

5601 GULF PORT BLVD S, GULF PORT, FLORIDA 33707

CERTIFIER INFORMATION

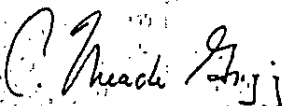
TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 140600646

TIME OF DEATH (24 hr): 1445

CERTIFIER'S NAME: SUSAN SOLANO IGNACIO

CERTIFIER'S LICENSE NUMBER: ME80313

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2014887094



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED