I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: ALLEN KOPELMAN

Electronic Signature of Signing Officer/Director Detail

<u>2024</u>	FLORIDA PRO	DFIT CORPOR	ATION ANNUAL	<u>. REPORT</u>

DOCUMENT# P01000001710

Entity Name: NATIONWIDE PAYMENT SYSTEMS INC.

Current Principal Place of Business:

1500 W. CYPRESS CREEK RD SUITE 503 FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 W. CYPRESS CREEK RD SUITE 503 FORT LAUDERDALE, FL 33309 US

FEI Number: 65-1067143

Name and Address of Current Registered Agent:

KOPELMAN, ALLEN 1500 W CYPRESS CREEK ROAD SUITE 503 FORT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: ALLEN KOPELMAN	01/17/2024			
	Electronic Signature of Registered Agent		Date		
Officer/Director Detail :					
Title	PD	Title	VPD, CEO		
Name	BURNEY, DAVID	Name	KOPELMAN, ALLEN		
Address	1500 W. CYPRESS CREEK RD, SUITE 503	Address	1500 W. CYPRESS CREEK RD, SUITE 503		
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309		

Certificate of Status Desired: No

Secretary of State 9522390420CC

FILED

Jan 17, 2024

01/17/2024 Date