

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000068417

**FILED**  
**Aug 24, 2023**  
**Secretary of State**  
**5611245871CC**

**Entity Name:** CLEAR PAYMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

3 WEST PACES FERRY RD  
SUITE 200  
ATLANTA, FL 30305

**Current Mailing Address:**

3 WEST PACES FERRY RD  
SUITE 200  
ATLANTA, FL 30305 US

**FEI Number:** 35-2342283

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT  
Name           ALIAS, SHALER V  
Address        3 WEST PACES FERRY ROAD  
                  200  
City-State-Zip: ATLANTA GA 30305

Title           MANAGER, CEO  
Name           MORRIS, JOHN A  
Address        3 WEST PACES FERRY ROAD, SUITE  
                  200  
City-State-Zip: ATLANTA GA 30305

Title           MANAGER, CFO  
Name           MURPHY, TIMOTHY  
Address        3 WEST PACES FERRY ROAD, SUITE  
                  200  
City-State-Zip: ATLANTA GA 30305

Title           SECRETARY  
Name           DEMPSEY, TYLER B.  
Address        3 WEST PACES FERRY RD  
                  SUITE 200  
City-State-Zip: ATLANTA FL 30305

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TYLER B. DEMPSEY

**SECRETARY**

**08/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date