F01000004026

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



100251441471

09/19/13--01019--002 **35.00



RA Change 09/30/13 Dc



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: September 17, 2013

Order#: 803411-002

Re: BEST PAYMENT SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ		
-	er to change its registered office or registe	*	rida.
1. The name of	the corporation: BEST PAYMENT SOLU	TIONS, INC.	
2. The principal	l office address: 5100 Interchange Way, L	ouisville KY 40229	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 07/31/2001	Document number: F010000040	026
	d street address of the current registered a criment of State: (If resigned, enter resigne		he
	CT Corporation System		
	1200 South Pine Island Road		森姆 坡
	Plantation FL 33324		
6. The name an (if changed):	d street address of the new registered ager	ot (if changed) and /or registered office	10
	Corporation Service Company	- 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10	So to
	1201 Hays Street		55
	P.O. Box NOT	acceptable	
	Tallahassee, FL 32301	M-M-84-44	
The street addr as changed wil	ress of its registered office and the street all be identical.	address of the business office of its re	gistered agent,
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an offitified in writing of the change.	cer so
- Signat	ure of an officer or director	John Huber, Assistant	Secretary
I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered agent and to comply with the provisions of all state f my duties, and I am familiar with and a his document is being filed merely to reflet that the corporation has been notified in Service Company.	d agree to act in this capacity. utes relative to the proper and comple ccept the obligation of my position as ect a change in the registered office a	registered
Ву:	ne ducken	09/03/2013	
If signing of	ehalf of an entity:	<i>y</i> uc	
April Hudson,	Asst VP		
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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