

FP980000006815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

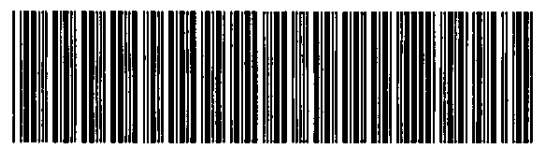
(Business Entity Name)

(Document Number)

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JUL 23 2013

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EastPay, Inc.
Name of Corporation

DOCUMENT NUMBER: F 98 00000 6815

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynne Chambers
Name of Contact Person

EastPay, Inc.
Firm/Company

7400 Beaufort Springs Drive - Suite 405
Address

North Chesterfield, VA 23225
City/State and Zip Code

lchambers@eastpay.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynne Chambers at (804) 644-1642 x102
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: EastPay, Inc.
- 2. The principal office address: 7400 Beauport Springs Drive - Suite 405
North Chesterfield, Virginia 23225
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/15/98 Document number: F98000006815
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808


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TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.
3030 N. Rocky Point Dr. STE 150A
(P.O. Box NOT acceptable)
Tampa, FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Norman K. Robinson President & CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

July 11, 2013
(Date)

If signing on behalf of an entity:
Dan Keen-President
Typed or Printed Name

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