REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>686130</u>
	STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT
	tion 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, of the resident agent, submits the following statement for the purpose of changing the
1. The name of the limited liabil	ity company is:
	InterFlex Payments, LLC
is:	ent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State
3. The NEW address of the reside	ent agent is:
10 Dorrance St	reet, Suite 530, Providence, Rhode Island 02903
4. The change of address of the re	esident agent shall become effective upon the filing of this statement, or on
(a date n	ot prior to, nor more than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 2/8/2013	Kathleen Fritz, Vice President
	Print Name of Resident Agent
FILED	
FEB 1 2 201	Kathleen Fritz
	Signature
By	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

