

## TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Cardservice International, LLC		01/08/2013	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Ignite Payments, LLC		
Street Address:	5898 Condor Drive, Suite 220		
City:	Moorpark		
State/Country:	CALIFORNIA		
Postal Code:	39021		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 10			
Property Type	Number	Word Mark	
Registration Number:	2185308	CARDSERVICE	
Registration Number:	2185309	CARDSERVICE INTERNATIONAL	
Registration Number:	1864924	CARDSERVICE INTERNATIONAL	
Registration Number:	2077580		
Registration Number:	2753615	MYMERCHANTOFFICE	
Serial Number:	85790317		
Serial Number:	85790316	IGNITE	
Serial Number:	85790313	IGNITE PAYMENTS	
Registration Number:	2241551	TELECHARGE	
Registration Number:	3224370	TELECHARGE	
CORRESPONDENCE DATA			
Fax Number:	2026373593		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i>			

CH \$265.00 2185308

*via US Mail.*

Phone: 202-383-0100  
Email: eteas@sutherland.com  
Correspondent Name: E Langworthy Sutherland Asbill & Brennan  
Address Line 1: 700 Sixth Street, NW, Suite 700  
Address Line 4: Washington, DISTRICT OF COLUMBIA 20001-3980

ATTORNEY DOCKET NUMBER:	34250-0555
NAME OF SUBMITTER:	Elisabeth A. Langworthy
Signature:	/EALangworthy/
Date:	03/13/2013

Total Attachments: 2  
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source=Cardservice to Ignite Payments#page2.tif



**State of California  
Secretary of State**


**LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

**IMPORTANT – Read instructions before completing this form.**

**FILED**  
Secretary of State  
State of California  
JAN 08 2013

This Space For Filing Use Only


1. SECRETARY OF STATE FILE NUMBER 201019010247	2. NAME OF LIMITED LIABILITY COMPANY Cardservice International, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY. <p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") <u>Ignite Payments, LLC</u></p> <p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):  <input checked="" type="checkbox"/> ONE MANAGER  <input type="checkbox"/> MORE THAN ONE MANAGER  <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p> <p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p> <p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.  SIGNATURE OF AUTHORIZED PERSON January 8, 2013 DATE FDS Holdings, Inc., the sole member, by Stanley J. Andersen, V.P. TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO: NAME FIRM ADDRESS CITY/STATE ZIP CODE	



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ (page(s))  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

JAN 10 2013

Date: \_\_\_\_\_

  
DEBRA BOWEN, Secretary of State