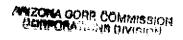
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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

CORPORATION STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS, OR STATUTORY AGENT

Read the Instructions C016i

	TE – no matter what is form will be rejected if t					must be co	mpleted.	
1.	ENTITY NAME – give the exact name of the corporation as currently shown in A.C.C. records: DELUXE CORPORATION, A MINNESOTA CORPORATION (FN)							
2.	A.C.C. FILE NUMBER: F-0021339-5							
	Find A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations							
3.	ARIZONA KNOWN PL	ACE OF B	USINESS A	ADDR	ESS:			
3.1	REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes):				3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address):			
СТ	C T Corporation System				Corporation Service Company			
Attent	Attention (optional)				Attention (optional)			
Address 1 - 2390 E. Camelback Road				Address 1 2338 W. Royal Palm Road, Suite J				
Addres	ss 2 (optional)			Address	2 (optional)			
City	Phoenix State AZ Zip 85016			city P	hoenix	_{State} AZ	_{Zip} 85021	
3.3	.3 If you completed 3.2, is the NEW known p the street address of the statutory agent?				olace of business address in Arizona the same as X Yes No			
4.								
4.1	Required if changing – list the principal office address currently shown in A.C.C. records (before any changes):			4.2 Optional - List the NEW principal office address (must be a street or physical address):				

Attention (optional)				Attention (optional)				
Addre	Address 1				Address 1			
Addre	ss 2 (optional)			Address	; 2 (optional)			
City	ry	State	Zip	City		State	Zip	

statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent): 5.1 REQUIRED - list the name and physical 5.2 REQUIRED - list the mailing address or street address (not a P.O. Box) in (if one exists in A.C.C. records) in Arizona Arizona of the existing statutory agent: of the existing Statutory Agent: Statutory Agent Name Attention (optional) Attention (optional) Address 1 Address 1 Address 2 (optional) Address 2 (optional) State Zip State Zip CHANGE IN EXISTING STATUTORY AGENT NAME ONLY – if the name only of 5.3 the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below: 5.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS - check all that apply and follow instructions: **STREET ADDRESS CHANGED** – complete number 5.5. MAILING ADDRESS CHANGED - complete number 5.6. **NEW MAILING ADDRESS** - give the NEW 5.5 NEW STREET ADDRESS - give the NEW 5.6 physical or street address (not a P.O. Box) mailing address in Arizona of the existing in Arizona of the existing statutory agent: statutory agent (can be a P.O. Box): Attention (optional) Attention (optional) Address 1 Address 1 Address 2 (optional) Address 2 (optional) State State Zip City -

5. CURRENT OR EXISTING STATUTORY AGENT - list the name and addresses of the

6.1	and complete the following for the NEW 1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):			
Согр	oration Service Company						
Statuto	ory Agent Name						
	on (optional) W. Royal Palm Road, Suite	Attention (optional)					
Addres				Address 1			
Addres	s 2 (optional)			Address 2 (optional)			
_{City} P	hoenix	State AZ	zip 85021	City		State	Zip
SIG	NATURE – see <u>Instruction</u> If the person signing this signature appearing below she has given the corporate by checking the box madocument together with	s form is tow, the ex ration nan	the existing disting statumed in numedicated	g statutory agent char utory agent certifies under 1 above written r w, I acknowledge und	nging its under per notice of	own add nalty of , the add	perjury that he ress change. rjury that this
SIG	If the person signing this signature appearing beloshe has given the corporate by checking the box ma	s form is tow, the ex ration nan	the existing disting statu ned in num cept" below chments is	g statutory agent char utory agent certifies under 1 above written r w, I acknowledge und	nging its under per notice of	own add nalty of , the add	perjury that he ress change. rjury that this
SIG	If the person signing this signature appearing beloshe has given the corporate by checking the box ma	s form is tow, the ex ration nan	the existing statumed in numerous cept" below the contract of	g statutory agent char utory agent certifies under 1 above written r w, I acknowledge <i>und</i> submitted in complian	nging its under per notice of ler penal nce with	own add nalty of , the add	perjury that he ress change. rjury that this
Signa	If the person signing this signature appearing below she has given the corporate By checking the box madocument together with	s form is tow, the extraction name is the second of the se	the existing statumed in num cept" below the character is I	g statutory agent char utory agent certifies und ber 1 above written n w, I acknowledge und submitted in complian	nging its under per notice of ler penal nce with	own add nalty of , the add	perjury that he ress change. rjury that this law.
Signa	If the person signing this signature appearing belo she has given the corporate By checking the box madocument together with	s form is tow, the extraction name is the second of the se	the existing statumed in num cept" below the control of the contro	g statutory agent char utory agent certifies und ber 1 above written in w, I acknowledge und submitted in compliant ACCEPT	nging its under per notice of der penal nce with	own add the add ty of per Arizona	perjury that he ress change. rjury that this law. May 22, 2013 Date (mm/dd/yyyy) story Agent y my own address

All fees are nonrefundable - see Instructions. Fax:

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

ENTITY NAME – give the exact name in Arizona of the corporation or LL Statutory Agent:					nat has appointed the			
	DELUXE CORPORATION, A MINNESOTA CORPORATION (FN)							
2	A.C.C	ETIE NIIMDED /:c		F-0021339	-5			
۷.	2. A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ): Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations							
3.				t name of the Statutory Agent a either an individual or an entity):				
	Согро	ration Service Company						
	3.1	Check one box:		ry agent is an Individual (natur ry agent is an Entity .	al person).			
ST	ATUTQ	RY AGENT SIGNATI	JRE:					
	accept acknow the sta By che	s the appointment as wledges that the appo stutory agent resigns, ecking the box marked	statutory agent for intment is effective whichever occurs I "I accept" below	lual or entity named in number 3 for the entity named in number 1 we until the entity replaces the standard in the standard in the entity replaces the standard in I acknowledge under penalty of submitted in compliance with Ariz	above, and catutory agent or find the first firs			
Co	rporation	Service Company	⊠ I	ACCEPT				
By:	nature	Sym august		rlvia Queppet, Asst. VP	May 21, 2013			
RE	QUIRE	D – check only one:						
		ridual as statutory and on behalf of myself		Entity as statutory age behalf of the entity name and I am authorized to a	ed as statutory agent,			
Ex	pedited p	none (regular processing) processing – add \$35.00 to poprefundable - see Instru	filing fee.	Mail: Arizona Corporation Commission 1300 W. Washington St., Phoeni Fax: 602-542-4100				

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

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STATE OF	Minnesota)
COUNTY OF	Ramsey
	POWER OF ATTORNEY
Corporation ("the and of the subsidemployees Dona act for the Compa	REBY GIVEN THAT Anthony Scarfone , the Sr. Vice President of Deluxe Company"), a corporation established under the laws of Minnesota , liary entities shown on the list appended hereto, does hereby appoint Corporation Service Company Priebe and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to any and for the subsidiary entities and in the name of the Company and of the subsidiary entities for see authorized herein.
establishment of necessary to cha	and the subsidiary entities, having taken all necessary steps to authorize the changes and the this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents ange the Company's and the subsidiary entities' registered agent and registered office, or the agent far import, in any jurisdiction.
of Vice President managers or oth	of any documents necessary for the purposes set forth herein, Dona Priebe shall exercise the power t and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having the positions of authority rather than officers such as Vice President or Secretary, the named act in such office and with such authority as is required to effect the changes herein contemplated.
effect the change after the Effective Dona Priebe and	tomey expires upon the earlier to occur of (a) completion and filing of the documents necessary to es in registered agent and registered office addresses contemplated herein, or (b) six (6) months e Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Elizabeth A. Dawson.
IN WITNESS WH	HEREOF the undersigned has executed this Power of Attorney on this Standard day of April 20 13 ate.
Sr. Vice	ny Scarfone e President General Counsel & Secretary sworn to before me this i 8th day of Amu , 20 13
Notary Publi	igh () (rundet

Notary Public-Minnesota
My Commission Expires Jan 31, 2015

DELUXE CORPORATION

ENTITY LIST

CHECKSBYDELUXE.COM, LLC
CUSTOM DIRECT, INC.
CUSTOM DIRECT LLC
DELUXE BUSINESS OPERATIONS, INC.
DELUXE CORPORATION
DELUXE ENTERPRISE OPERATIONS, INC.
DELUXE FINANCIAL SERVICES, INC.
DELUXE MANUFACTURING OPERATIONS, INC.
DELUXE SMALL BUSINESS SALES, INC.
DIRECT CHECKS UNLIMITED SALES, INC.
DIRECT CHECKS UNLIMITED, LLC
HOSTOPIA.COM INC.
ORANGESODA, INC.
SAFEGUARD ACQUISITIONS, INC.
SAFEGUARD FRANCHISE SYSTEMS, INC.
ŠAFEGUARD HOLDINGS, INC.

SYNCSUITE, LLC