118000076018

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2019 SEP -6 PH 3:58

SEP 1 6 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/037

Re: BAGS VALET, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Tame of the limited liability company: BAGS VALET	, LLC		-	
2. (a)	6751 FORUM DRIVE SUITE 200	(b)	(b) 6751 FORUM DRIVE SUITE 200		
 (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32821		ORLANDO, FL 3282	1	
	03/23/2018		L18000076018		
3.	Date of filing/registration in Florida	4.	Document r	ıumber	
5. (a) BUSINESS FILINGS INCORPORATED				
J. (u	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:		
	1200 SOUTH PINE ISLAND			<i>≨</i> 20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS))19:	
				ZOI9 SEP -	
	PLANTATION	L <u>33324</u>		SS 6	
(b)	Corporation Service Company			PH 3:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			58	
	1201 Hays Street				
	NEW Registered Office Address:				
					
	Tallahassee F	L 32301			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the /s/ Marc G. Baumann	of the regist liability con of the limi e limited li	ered office and the bus npany, it is hereby con ted liability company o ability company.	siness office of the registered firmed that the change(s) or as otherwise provided in	
Signature of a member or authorized representative of a member			Marc G. Baumann, Manager Printed or typed name of signee		
I here provis the ob to me	eby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet digations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to act e performa led for in C I hereby co	in this capacity. I furth	er agree to comply with the	
Signat	ure of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby, Asst. V	ice President	