M13000000647

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(City/State/Zip/Phone #)		
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SECRETARY OF STATE
SECRETARY OF STATE
AND AHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS

DEC 1 0 2013

EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: PARK 'N I	FLY SERVICE, LLC	
2. (a) Principal office address of limited liability con	mpany: 2060 Mt. Paran Road NW	
(Note: MUST BE STREET ADDRESS)	Suite 207	
	Atlanta	GA 30327
(b) Mailing address of limited liability company:	2060 Mt. Paran Road NW	F 55 73
(Note: MAY BE POST OFFICE BOX)	Suite 207	F.C. R
(Hote: MAIA BETOST OF THE BOTT)	Atlanta, GA 30327	\$ C
		沙漠 6
01/22/2013	M1300000647	<u> </u>
3. Date of filing/registration in Florida	4. Document number	- 30 E
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida D	ept. of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 S. Pine Island Road	
	Plantation	FL 33324
	Flantation	1 L 33324
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office addre	ess:
NEW Registered Agent:	Corporation Service Compa	ny
NEW Registered Office Address:	1201 Hays Street	
MUST BE FLORIDA STREET ADDRESS	Tallahassee	,FL 32301
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha the members of the limited liability company or as of the operating agreement of the limited liability comp /s/ Dona Priebe	, the Florida street address of the re e identical. Or, in the case of a Flor lange(s) was/were authorized by an therwise provided in the articles o	registered office orida limited affirmative vote of
Signature of a member or authorized representative of a member		
Dona Priebe, Authorized Person		
Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity, the proper and complete perform my position as registered agent a to merely reflect a change in the mpany has been notified in writir	I further agree to ance of my duties, is provided for in registered office ng of this change.
By: Selie and Man	_	
Signature of Begistered Agent Corporation Service Comp	any Sylvia Queppet, Assistant	Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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	Atlanta, GA 30327	三
01/22/2013	M13000000647	JARY ASS
3. Date of filing/registration in Florida	4. Document number	70 3
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dep	ot. of States 💆 📙
Registered Agent:	C T Corporation System	517
Registered Office Address:	1200 S. Pine Island Road	
	Plantation	FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	<u>s</u> :
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee	,FL 32301
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Signature of a member or authorized representative of a member		
Dona Priebe, Authorized Person Printed or typed name of signee		
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By: Selin Chieffer		
Signature of Registered Agent Corporation Service Company	Sylvia Queppet, Assistant Vi	ice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00