

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE PARKING GUIDANCE SYSTEMS, LLC

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DEC 1 6 2024 K. Brumbley

## (((H240004105273)))

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

Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.0116 is the following statement in order to change its reg la.  PARKING G	gistere	ed c	office or re	egistered agent, or	ited liab both, i	oility con the .	ompany State of
1. Na	ime of the Limited Liability Company:	0.0,	., .	02010	LIMO LLO			
2. (a)	1811 FIRST OAKS ST, SUITE 100  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b) 1811 FIRST OAKS ST, SUITE 100  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	RICHMOND, TX 77406	_		RICHM	OND, TX 77406	6		
3.	9/24/2018  Date of filing/registration in Florida	- 4.	_	M1800	0008784 Document number	r		
5. (a)	FRANTZ, CHANDREA  Registered Agent and Registered Office shown on the records of  5250 GIRON CIRCLE  Registered Office Address (MUST BE FLORIDA STREET A				- c;			
(b)	KISSIMMEE ,, FL  Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW Registered	ʻ———		nhorized Person	- on(s) Detail -	2000年 2000年	2024 DEC 1	
	515 East Park Avenue 2nd Fl NEW Registered Office Address:				-		13 PH 2:4	AND FILED
	Tallahassee, FL	323	30 <u></u>	1	_			
the ch agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and the case of a Florida liable and the case of a Flori	the reability of the limite	egis y co lim ed li	tered office mpany, it is ited liability iability com Derek	e and the business of shereby confirmed y company or as of apany.  Frantz  Printed or typed nume	office of that the herwise	the rep chang provid	gistered se(s) led in
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I d in writing of this change.	ee to perfo d for i hereb	act rmo in C y co	in this cape mce of my c chapter 605 onfirm that	acity. I further agr chities, and I am fai i, F.S. Or, if this do the limited Hability	ree to com miliar w ocument ocompar	mply with and is being has	rith the l accept ng filed been
Ciana				•	nt Secretary on			
Signati			•	•	orate Services, I	Inc.		
	Division of Corporations● P.O. I	30X 0.	<b>5</b> 27	<ul> <li>Tallahas</li> </ul>	isee, FL 32314			

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