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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

: (888)705-7274

Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE ONE PARKING FLORIDA, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

One Parking Florida, Inc. Name of Corporation F05000002454 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Whalen

Austin, Texas 78735 City/State and Zip Code

Name of Contact Person

888 705-7274
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607, ange is submitted for a corp er to change its registered o	oration organiz	ed under the la	ws of the State of	<u>Delaware</u>				
1. The name of	the corporation: One Part office address: 700 SOUTH	rking Florida	a, Inc.			<u></u> D1			
3. The mailing a	address (if different): 477 S	OUTH ROSEMA	RY AVENUE SU	ITE 216 WEST PA	ALM BEACH, F	L 33401			
4. Date of incor	poration/qualification; 4/2	0/2005	Document	number: F0500	00002454				
	d street address of the curre rtment of State: (If resigned			ed office on file v	vith the				
	TRAC - THE REG	SISTERED	AGENT C	YNAPMC					
236 E.6th Avenue									
	Tallahassee		FL	32303	TAL	2023 DEC -			
6. The name and (if changed):	d street address of the new r		•	d/or registered o	office HASSEI)EC -4 AM			
	2894 Remington	Green Ln	. Ste. A	· · · · · · · · · · · · · · · · · · ·	- 86 - 28	9: 2			
	Tallahassee	P.O. Box 1	32308	3	r -	6			
The street address changed will	ess of its registered office a be identical.	and the street ac	ldress of the bu	siness office of	its registered a	agent.			
Such change wa authorized by the	as authorized by resolution he board, or the corporation	duly adopted by has been notif	y its board of clied in writing o	lirectors or by an of the change.	n officer so				
/s/ Jaclyr	n Wright	J	aclyn Wrigh		Authorized	l Perso	n		
I hereby accept I further agree of my duties, an document is bei	the appointment as registe to comply with the provision ad I am familiar with and a ing filed merely to reflect a s been notified in writing o	ons of all statute eccept the oblige change in the	agree to act in es relative to th	e proper and co	mnlete perfor	mance if this at the			
Щ	ملك زومه		12/4/2023						
Sig	nature of Registered Agent			Date					
If signing on be	chalf of an entity:								
	er, Assistant Secretary								
j	yped or Printed Nume ★ ★ ★	FILING FFF	· \$35 (fi) * * *						