Division of Corporations Electronic Filing Cover Sheet

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| To: | | | 70/3 UEC |
|-------|---------------|----------------------------------|----------|
| | Division of C | | |
| | Fax Number | • | |
| | | | S. |
| From: | | | Sign |
| | Account Name | : REGISTERED AGENT SOLUTIONS INC | į • • · |
| | Account Numbe | r : I20100000062 | 五元 五元 |
| | Phone | : (888)705-7274 | 7.7 |
| | Fax Number | : (888)706-7274 | |

REGISTERED AGENT CHANGE PARK PLUS FLORIDA, INC.

| Certificate of Status | 0 |
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COVER LETTER

TO:

Amendment Section Division of Corporations

Park Plus Florida, Inc. Name of Corporation F07000002230 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 Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen 888) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person

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

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

CR2E045 (04/13)

H23000413213 3

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

| statement of ch | provisions of sections 607.6 ange is submitted for a corp er to change its registered o | oration organizea | under the la | nvs of the State of | of Delaware | |
|--|---|---|---|---|--|---------------------|
| | the corporation: Park Plu l office address: 1111 O | | | Beach, FL | 33004 | |
| | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 4/2 | 5/2007 | _ Document | number: F070 | 00002230 | |
| | d street address of the currer rtment of State: (If resigned | | and register | ed office on file | with the | |
| | TRAC - THE REC | GISTERED A | GENT C | OMPANY | | |
| | 236 E.6th Avenue | | | *************************************** | | |
| | Tallahassee | | FL | 32303 | _ | |
| 6. The name and (if changed): | Registered Agen 2894 Remington | t Solutions, | | | 2023 DEC -4 AM | |
| | | P.O. Box NO | | | | |
| | Tallahassee | FL_ | 3230 | 8 | 28 | |
| - | ess of its registered office a be identical. | | | | | ent. |
| Such change wa authorized by th | as authorized by resolution he board, or the corporation | duly adopted by has been notified | its board of a d in writing | directors or by a of the change. | in officer so | |
| /s/ Jaclyr | Wright re of an officer or director | Jac | dyn Wrigh | 1t led or typed name and | Authorized F | ⊃erson — |
| t further agree t of my duties, an document is bei | the appointment as registe to comply with the provision of I am familiar with and a ing filed merely to reflect a s been notified in writing of | ns of all statutes ccept the obligati change in the rec | ree to act in relative to th on of my pos gistered offic | this capacity, ne proper and co sition as register re address, I her | omplete performa red agent. Or, if reby confirm that | ance this the |
| М | معرب طالا | 1. | 2/4/2023 | | | |
| Sig | nature of Registered Agent | | - | Date | | _ |
| If signing on be | half of an entity: | | | | | |
| | er, Assistant Secretary | | | | | |
| T ₂ | yped or Printed Name | Pt11 121/2 | | | | |
| | *** | FILING FEE: S | 35.00 * * * | | | |