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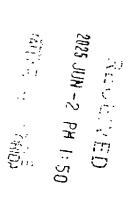
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
JUN HORNE				





100451639521

TILED 2025 JUI - 2 PH 3: 55



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>06/02/2025</u>	-	**WALK IN*
entity name <mark>ONE PA</mark>	RKING, INC.	
DOCUMENT NUMBER_		
	PLEASE FILE THE A	TTACHED AND RETURN
XXXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	_
/	PLEASE OBTAIN THE FOLLO	OWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & A	Amendments
	Certified Copy of Arts & A	Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status Reflec	ting:
	APOSTILLE' / NOT	TARIAL CERTIFICATION
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$ 35.00		ACCOUNT # I20140000108 Cuthly United Corporate Services, Inc.
Plance call Time at the	o, ahavo, numhor kar anu	United Corporate Services, Inc. Services, Inc. Services, Inc. Services, Inc. Services, Inc. Services, Inc.

COVER LETTER

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fice/Agent and fee are submitted for filing.		
itter to the following:		
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port notification)		
se call:		
at (561)596-5129 Area Code & Daytime Telephone Number		
Area Code & Daytime Telephone Number		
partment of State.		
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 cha	nge is submitted for a corporat	tion organized	507.1508 , or 617.1508 , Florida $\frac{1}{2}$	DE	
			I agent, or both, in the State of F	· tortaa.	
1. The name of	the corporation: ONE PARKING	G, INC.	A DESCRIPTION OF A CITY OF		
2. The principal	office address: 477 S Rosemary	Ave, Suite 32	5, WEST PALM BEACH, FL 334		
3. The mailing a	address (if different):				
4. Date of incor	Document number: F09000000734				
5. The name and		gistered agen	at and registered office on file wi		
	REGISTERED AGENT SOLU	TIONS, INC.		207	
	2894 REMINGTON GREEN L	N., STE . A			
	TALLAHASSEE, FL 32308			fice: TE	
6. The name and (if changed):	d street address of the new regis	stered agent (i	if changed) and /or registered of	 ဟ <i>ဟ</i>	
	United Corporate Services, Inc.			-	
	3458 Lakeshore Drive				
		P.O. Box NO	OT acceptable	-	
	Tallahassee, Florida 32312			-	
The street addras changed will	ess of its registered office and l be identical.	the street add	dress of the business office of it	is registered agent,	
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by is been notifi	its board of directors or by an ed in writing of the change.	officer so	
/s	:/ Diane Demers	Ι	Diane Demers, Treasurer		
Signati	ire of an officer of director		Printed or typed name and ti	ille	
I further agrée of my duties, ar document is be	the appointment as regis to comply with the provis ad I am familiar with and acc ing filed merely to reflect a chi s been notified in writing of the	statutes 2 obligai an : in the re	gree to act in this capacity, s relative to the proper and con tion of my positton as registere egistered office address, I herei	aplete performance d agent. Or, if this by confirm that the	
Mic	hasl A. Barr	0	05/30/2025		
Sig	gnature of Registered Agent		Date		
If signing on be	ehalf of an entity:				
Michael A. Barr	, President				
	Typed or Printed Name				

* * * FILING FEE: \$35.00 * * *