Division of Corporations Electronic Filing Cover Sheet

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(((H23000412732 3)))



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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

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

Email	Address:			
F1110 F F	MUUI COO.			

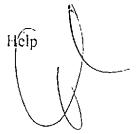
REGISTERED AGENT CHANGE ONE PARKING LAS OLAS, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: One Parking Las (Olas, Inc.		
Name of Corporation	_		_
DOCUMENT NUMBER: F100000	1683	· · · · · · · · · · · · · · · · · · ·	_
The enclosed Statement of Change of Registered	Office/Agent and fe	ee are submitted for	filing.
Please return all correspondence concerning this r	matter to the followi	ing:	-
Lori Whalen			. 20
Name of Contact Person)23
Registered Agent Solutions, Inc.			2023 DEC -4
Firm/Company			25
Corporate Center One, 5301 Southwest Pkwy, Ste 400)		
Address	· · · · · · · · · · · · · · · · · · ·		SSI Z
Austin, Texas 78735			و ناش
City/State and Zip Code			2023 DEC -4 AM 9: 26
E-mail address: (to be used for future annual r	report notification)	-
For further information concerning this matter, plo	ease call:		
Lori Whalen	at (⁸⁸⁸	705-7274 ode & Daytime Tele	
Name of Contact Person	Area Co	ode & Daytime Tele	phone 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 cha	provisions of sections 60 unge is submitted for a co er to change its registerea	rporation organized	l under the la	ws of the State	of Delaw	are	
1. The name of	the corporation: One P. office address: 200 S	arking Las Ola	s, Inc.				
3. The mailing a	address (if different): 477	SOUTH ROSEMARY	AVENUE SU	ITE 216 WEST	PALM BEA	CH, FL	33401
4. Date of incorp	poration/qualification: 4/	7/2010	_ Document i	number: F100	000001	683	
	I street address of the current of State: (If resigne		t and registere	d office on file	with the		
	TRAC - THE RE	GISTERED A	GENT CO	MPANY			
	236 E.6th Avenue						
	Tallahassee		FL	32303		2023	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi Registered Agent Solutions, Inc.					2023 DEC -4 A	T
	2894 Remington Green Ln. Ste. A					AM 9:	
	2004 (Citingle	P.O. Box NO				: 26	
	Tallahassee	FL_	32308	3			
_	ess of its registered office be identical. as authorized by resolution to board, or the corporati						ent,
s/ Jaclyn	Wright		dyn Wrigh	t	Autho		Person
hereby accept further agree to f my duties, and locument is bed corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	tered agent and ag ions of all statutes accept the obligati a change in the reg of this change.		d or typed name an this capacity, e proper and c tion as registe e address, I he		erforme Or, if rm thái	ance this the
Mo	الله زوان	1	2/4/2023				
_	nature of Registered Agent			Oute			
	half of an entity:						
	r, Assistant Secretary						
' '	ped or Printed Name	+ PH INC PER A	198 AA 4 4 4				

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