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To:		
	Division of Corporations	
	Fax Number : (850)617-6380	
		Tight of the state
From:		•
	Account Name : REGISTERED AGENTS INC	
	Account Number : I20090000081	.`
	Phone : (307)200-2803	ــــــــــــــــــــــــــــــــــــــ
	Fax Number : (813)436-5206	
	email address for this business entity to report mailings. Enter only one email ad	~
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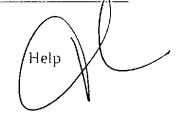
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HOSPITALITY PARKING SERVICES INC.

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7/27/2023 11;19:00 PDT . To: 18506176380 Page: 2/2 From: Registered Agents Inc Fex: 8134365206

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

statement of che	, inge is submitted for a corporation	517,0502, 607,1508, or 617,1508, Florida Statutes n organized under the laws of the State of <mark>Nevada</mark> r registered agent, or both, in the State of Florida.	
	the corporation: HOSPITALITY PA office address: 1846 E. Innovation		
· · · · · · · · · · · · · · · · · · ·	address (if different):		
-		Document number: F11000003351	
5. The name an		stered agent and registered office on file with the	
	CORPORATION SERVICE COMP.	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	~
	Northwest Registered Agent LLC		
	7901 4th St N STE 300		
		P.O. Box NOF acceptable	
	St. Petersburg FL 33702		:2
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regist	tered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer been notified in writing of the change.	SO
John A Signatu	Cogodés (1962-16 re of an other or director	Christopher Black - President Printed or typed name and title	
of my duties, ar. document is bei	the appointment as registered as to comply with the provisions of a d I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address, I hereby confi change.	performanc L. Or, if this irm that the
TAN-		07/27/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Taylor Newman			
ľ.	yped or Printed Name	-	
	*** 17 [1]	NC FFF: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314