Division of Corporations Electronic Filing Cover Sheet

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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	ddress:	

REGISTERED AGENT CHANGE ONE PARKING CCWPB, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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2023 DEC - 1 AM 11: 36

13 DEC -1 PM 5: 35

COVER LETTER

TO:

Amendment Section Division of Corporations

One Parking CCWPB, Inc.

SUBJECT:
Name of Corporation

DOCUMENT NUMBER:

F16000001213

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:

Lo	ri	W	hal	len
-				

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

Name of Contact Person

at (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	ange is submitted for a con	7.0502, 617.0502, 607.1508, or 617.1508, F prporation organized under the laws of the St	tate of Delaware
		d office or registered agent, or both, in the St	ate of Florida.
		arking CCWPB, Inc.	
2. The principal	l office address: 444 W	V Railroad Avenue, West Palm	Beach, FL 33401
3. The mailing	address (if different): 477	S ROSEMARY AVE, SUITE 216, WEST F	PALM BEACH, FL 33401
4. Date of incor	poration/qualification: 3/	/14/2016 Document number: F	16000001213
5. The name and Florida Depa	d street address of the curr rtment of State: (If resigne	rent registered agent and registered office on ed, enter resigned)	file with the
	TRAC-THE REG	GISTERED AGENT COMPANY	Y
	236 E 6TH AVE		
	TALLAHASSEE, FL	L 32303	2023
6. The name and (if changed):		v registered agent (if changed) and /or registeent Solutions, Inc.	2023 DEC -1 AM 11:36 STALL AND SEE FL Red office
	2894 Remingtor	n Green Ln. Ste. A	
	Tallahassee	P.O. Box NOT acceptable FL 32308	
The street address changed will	ess of its registered office be identical.	e and the street address of the business offic	ce of its registered agent,
Such change wa authorized by th	as authorized by resolution he board, or the corporation	on duly adopted by its board of directors or ion has been notified in writing of the chang	by an officer so ge.
s/ Jaclyr	Nright re of an othicer or director	Jaclyn Wright	Authorized Person
l hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as regis to comply with the provisi d I am familiar with and ng filed merely to reflect s been notified in writing	stered agent and agree to act in this capacit sions of all statutes relative to the proper at accept the obligation of my position as reg a change in the registered office address, i of this change.	ty. id complete performance vistered agent. Or, if this I hereby confirm that the
Ма	مك مزوم	12/1/2023	
Sign	nature of Registered Agent	Date	
f signing on be	half of an entity:		
Mackenzie Hible	r, Assistant Secretary		
ľy	yped or Printed Name		
	* *	* FILING FEE: \$35.00 * * *	