la13

(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:		
THE STORY		

Office Use Only



800451639558

2025 JUN -2 PH 3: 46 TILED

Sunshine State Corporate Compliance Company

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

DATE <u>06/02/2025</u>	-	**WALK IN**
ENTITY NAMEONE PA	ARKING CCWPB, INC.	
DOCUMENT NUMBER_		
	PLEASE FILE THE AT	TACHED AND RETURN
XXXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLLO	WING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Am	vendments
	Certified Copy of Arts & Am	rendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status Reflecti	ng:
	APOSTILLE' / NOTA	ARIAL CERTIFICATION
COUNTRY OF DESTINATI	ON	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$ 35.00		ACCOUNT # 120140000108 Cithleman Services, Inc.
Please call Ting at the	e above number kor anu i	ssues or concerns. Thank was so much!

COVER LETTER

Amendment Section Division of Corporations

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TO:

SUBJECT: ONE PARKING CCWPB, INC. Name of Corporation	
DOCUMENT NUMBER: F16000001213	
The enclosed Statement of Change of Registered	d Office/A gent and fee are submitted for filing
•	-
Please return all correspondence concerning this	s matter to the following:
Diane Demers	
Name of Contact Person	
One Parking	
Firm/Company	
477 S Rosemary Ave Suite 325	
Address	
West Palm Beach, FL 33401	
City/State and Zip Code	
ddemers@oneparking.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Diane Demers	at (561 \)596-5129
Name of Contact Person	at (561) 596-5129 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 corporation	517.0502, 607.1508. or 617.1508. Florida Statutes, this organized under the laws of the State of DE registered agent, or both, in the State of Florida.		
	the corporation: ONE PARKING C			
2. The principal office address: 444 W Railroad Avenue, West Palm Beach, FL 33401				
3. The mailing a	nddress (if different): 477 S Rosem	ary Ave, Suite 325, WEST PALM BEACH, FL 33401		
4. Date of incorporation/qualification: 03/14/2016 Document number: F16000001213				
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	REGISTERED AGENT SOLUTION	ons, inc.		
	2894 REMINGTON GREEN LN., STE . A			
	TALLAHASSEE, FL 32308	. 25		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office		
	United Corporate Services, Inc.			
	3458 Lakeshore Drive			
		P.O. Box NOT acceptable		
	Tallahassee, Florida 32312			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent.		
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.		
/s/ Diane Demers		Diane Demers, Treasurer		
Signature of an officer or director		Printed or typed name and title		
I further agree of my duties, ar document is bei	the appointment as registered as to comply with the provisions of ad I am familiar with and accept 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 performance the obligation of my position as registered agent. Or, if this se in the registered office address, I hereby confirm that the change.		
Michael A. Barr		05/30/2025		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Michael A. Barr, President				
 -	yped or Printed Name	-		

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