F97000005792

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: REPUBLIC PARKING SYSTEM, INC. (Name of Corporation)			
DOCUMENT NUMBER: F97000005792			
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:			
JILL PROBST (Name of Contact Person)			
NATIONAL SERVICE INFORMATION (Firm/Company)			
145 BAKER ST (Address)			
MARION OHIO 43302 (City/State and Zip Code)			
For further information concerning this matter, please call:			
JILL PROBST at (740) 387-6806 X110 (Name of Contact Person) (Area Code & Daytime Telephone Num			
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



October 11, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number i can be reached at is 1-800-235-0337 x 110

Sincerely,

Jíll Probst
Corporate Services Department

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this are submitted for a corporation organized under the laws of the State of $\frac{TN}{}$ to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: REPUBLIC PARKING SYSTEM, INC.
	office address: SUITE 2000 REPUBLIC CENTRE CHATTANOOGA TN 37450
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: 10/30/1997 Document number: F9700005792
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	C T CORPORATION SYSTEM SS 8
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street address as changed-will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signatur	James C. Bern, Chairman + CEO (Printed or typed dame and title)
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this are filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Jui Pr	Obst Assistant Secretary 10/11/2006 nature of Registered Agent) (Date)
<i>U</i> If signing on beh	nalf of an entity:
JILL PROB	·
	yped or Printed Name) .

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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