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Division of Corporations

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From:

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Account Number: I20180000096

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Email Address: r1805@Palasec.com

## LLC REGISTERED AGENT CHANGE NO PARKING LLC

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(GK) 5-16-19

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Z. (a)	umo of the limited liability company: NO PARAING			-					
z. ( <u>a</u> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3020 GREYSTONE DR	(	(b)		Mailing addi			-	
	PACE, FL 32571								
	01/19/2017	_	l	_170000	15598			•	
3. 5. (a)	Date of filing/registration in Florida  LEGALING CORPORATE SERVICES INC.	4.	_		Documen	t numi	රස		
	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS BLVD STE	400			_ ce: _				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>						
	FORT MYERS, FL	33907	7	<u>.</u>	-		更实	19 H	
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLO	С				D 2	HAY	77
	Bater name of NEW Registered Agent and/or NEW Registered	Office ac	ddı	( <i>EZP</i> :	-		1 ( 4) ***	ъ	-Th
	155 OFFICE PLAZA DRIVE, 1ST FLOOR							is Hi	
	NEW Registered Office Address:				-	•	elygn Ne	02	
	TALLAHASSEE .FL	32301			-				
he cha gent w vas/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regi bility of f the lin	ist On nit	ered office npany, it i ted liabilit	e and the b s hereby co v company	ນຣໄກຍຣ ວາເບົາການ	s office ( ed that th	of the r	egisterea
_[_]	inia Selde	JES	38	ICA SCH	OLL, AUTH	IORIZ	ED REPI	RESEN	MATIVE
	ure of a member or authorized representative of a member	-			Printed or (	• •			
he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address, I have the content of this change.	ee to ac perform for in ereby c	t i lar Cr or	n this cap nce of my napter 605 yfirm that	acity. I fui duties, and s, F.S. Or, the limited	rther a l I am j if this l liabil	gree to c familiar documen ity compo	comply with ar at is be any ha	with the id accep ing filéd s been
Signatur	e of Registered Agent								

Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314 **FILING FEE: \$25.00** 

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