Florida Department of State Division of Corporations All Extronic Filings Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000416644 3)))



H230004166443ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

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.

ONE PARKING 737, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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CEC 0 7 2023 K Brumbley

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	One Parking 737, LLC	
JOBOLE		Name of Limited Liability Company
Dear Sir o	or Madam:	
The enclo	osed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please ret	turn all correspondence concernin	g this matter to the following:
Lori Wha	len	
	Name of Person	
Registered	d Agent Solutions, Inc.	
	Firm/Company	
Corporate	Center One, 5301 Southwest Pkwy,	Stc 400
	Address	
Austin, T	X 78735	
	City/State and Zip Co	lc
E-m	nail address: (to be used for future	annual report notification)
For furthe	er information concerning this ma	ter, please call:
Lori Whal	len	888 705-7274 at ()
	Name of Person	Area Code & Daytime Telephone Numb
R D P	Agiling Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the follow	ing amount:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2	2/14)	

H230004166443

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.

1. N	ame of the limited liability company:	One Parking 73	37, LLC				
2. (a)	3460 NE 3rd Street		_ (b)	477 S Ro	semary Ave		
2. (u)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI		_ (6)		Aailing address of limited (Note: MAY BE POS)	• •	•
	Pompano Beach, FL 33062	-	_	west Paln	n Beach, FL 33401		
	3/3/2021			L2100010	4310		
3.	Date of filing/registration in Flo	orida	4.		Document number		
F ()	TRAC - THE REGISTERED AGENT CO	OMPANY					
5. (a)	Registered Agent and Registered Office shown o	n the records of th	e Florida I	Dept. of State	::		
	Registered Office Address (MUST BE FLOR	RIDA STREET AI	DDRESS)				
	TALLAHASSEE	, FL	32303				
(b)	Registered Agent Solutions, Inc.					2023 DEC	
	Enter name of NEW Registered Agent and/or N	EW Registered C	Office add	ress	• - •		
	2894 Remington Green Ln.				· .	-6 F	
	NEW Registered Office Address:				-	PH.	1.
	Ste. A					??	
	Tallahassee	, FL ³	32308				
change agent v was/we the arti	imited liability company is not organized to or changes are made, the Florida street a will be identical. Or, in the case of a Floriere authorized by an affirmative vote of the icles of organization or the operating agree	iddress of the re ida limited liab he members of	egistered ility con the limit mited lia	office and pany, it is ed liability	I the business office hereby confirmed the company or as other pany.	of the register hat the change	red e(s) ed in
/s/ Signa	Jaclyn Wright sture of a member or authorized representative of a	member			Printed or typed name o		
I here provisi the obi to mer	by accept the appointment as registered a tions of all statutes relative to the proper a ligations of my position as registered ages ely reflect a change in the registered office d in writing of this change	igent and agree	e to act in erformar for in Ch ereby con	n this capa ice of my d apter 605, firm that t	city. I further agree	: to comply wi	ith the accept g filed seen

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

Mackenzie Hibler, Asst, Secretary

Signature of Registered Agent