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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Business Littly Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations ONE WAY SERVICES FLORIDA L.L.C. SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Serrano Name of Person ZenBusiness Inc. Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code ra@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Serrano 493-6249 Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration 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 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

INHS18 (2/14)

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.

| I. Na | ame of the limited liability company: ONE | WAY | S | SERVICES FLORIDA | L.L.C. |
|--|---|---|---------------------------|--|--|
| 2. (a) | 4141 Apaiachee pkwy | | (b) | 4141 Apalachee pkwy | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (~) | Mailing address of limited I (Note: MAY BE POST) | |
| | tallahassee, FL 32311 | | | tallahassee, FL 32311 | |
| | 04/22/2021 | | | 1.21000187767 | |
| 3. | Date of filing/registration in Florida | 4. | _ | Document number | |
| 5. (a) | ANDERSON, DEVAN W | | | | |
| ` , | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | ~ |
| | 4141 Apalachee pkwy | | | | 7: |
| | Registered Office Address (ST BE FLORIDA STREET ADDRES | SS) | | | • |
| | | | | | · - |
| | tallahassee, FI | 323 | 11 | | |
| <i>(</i> 1.) | ZenBusiness Inc | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office : | dd | dress: | 0 |
| | 336 E. College Ave. Suite 301 | | | | |
| | NEW Registered Office Address: | | <u>-</u> | | |
| | | | | | |
| | Tallahassee, FL | 32 | 301 |)1 | |
| change agent v was/we | imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registe ability of of the li | red con mit | d office and the business office or mpany, it is hereby confirmed that ited liability company or as other | f the registered t the change(s) |
| | Devan Anderson | | | Devan Anderson | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of | signee |
| I herei provisi the obl to mere notified | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I id in | ree to a perfori d for in hereby | ct ii nar Ch con | in this capacity. I further agree to ince of my duties, and I am familio hapter 605, F.S. Or, if this docum infirm that the limited liability con | o comply with the ar with and accept nent is being filed npany has been |
| Signatu | re of Registered Agent | | | | |