10/18/24, 2:45 PM

Division of Corporations

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.

(((H24000349385 3)))



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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.\*\*

mail A	ddress:		
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## LLC REGISTERED AGENT CHANGE ONE PARKING 755, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ONE PARKING 755, LLC		
		Name of Limited 1	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	e following:
Alexa	nder Vestal		
	Name of Person		_ <del></del>
Regist	ered Agent Solutions, Inc.		
	Firm/Company		
Согро	rate Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		<del></del>
Austin	, TX 78735		
_	City/State and Zip Co	de	
F	E-mail address: (to be used for future	annual report noti	fication)
For fu	rther information concerning this ma	tter, please call:	
Alexa	nder Vestal	888 at (	705-7274 )
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee		S55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

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## H24000349385 3

## 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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/12/2021	L2100	00487136
	Date of filing/registration in Florida	4.	Document number
(a)	TRAC - THE REGISTERED AGENT COMPANY		
' '	Registered Agent and Registered Office shown on the records	of State:	
	Registered Office Address (MUST BE FLORIDA STREE	<del></del>	
	236 EAST 6TH AVENUE		
	TALLAHASSEE	FI 32303	
(D)_	Registered Agent Solutions, Inc.	· =	2,,746
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	
	2894 Remington Green Ln.		
	NEW Registered Office Address:		
	Ste. A		د
	Tallahassee	FL 32308	
inge int v s/we	imited liability company is not organized under the corchanges are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered offic liability company s of the limited lia	ce and the business office of the registered (a), it is hereby confirmed that the change(s) (a) ability company or as otherwise provided (b)
	Jaclyn Wright	Jaclyn Wrig	ight Authorized Person
gna	ture of a member or authorized representative of a member		Printed or typed name of signee

the obligations of my position as registered agent as provided för in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent