Florida Department of State

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.

(((H23000407487 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENT SOLUTIONS INC Account Name

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. **

| Email | Address: | | |
|-------|-----------|--|--|
| | AUG! 633. | | |

LLC REGISTERED AGENT CHANGE ONE PARKING, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



Enclosed is a check for the following amount:

☐ \$25 Filing Fee

COVER LETTER

| | istration Section ision of Corporations | | |
|--------------------|--|--------------------|--|
| SUBJECT: | One Parking, LLC | | |
| oebole ii | Nam | e of Limited Lia | bility Company |
| Dear Sir or I | Madam: | | |
| The enclosed | d Registered Agent/Registered Offic | ce Change and f | ee(s) are submitted for filing. |
| Please return | all correspondence concerning this | s matter to the fo | ollowing: |
| Lori Whalen | | | |
| | Name of Person | | - |
| Registered A | gent Solutions, Inc. | | |
| | Firm/Company | | _ |
| Corporate Co | nter One, 5301 Southwest Pkwy, Ste 4 | 00 | |
| | Address | | _ |
| Austin, TX 7 | 8735 | | |
| | City/State and Zip Code | | _ |
| | | | |
| E-mail | address: (to be used for future annu | ial report notific | ation) |
| For further in | nformation concerning this matter, | please call: | |
| Lori Whalen | | 888 at (| 705-7274 |
| | Name of Person | _ "' (| Area Code & Daytime Telephone Number |
| Reg Divi P.O | ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

☐ \$55 Filing Fee & Certified Copy

H23000407487 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) | 477 SOUTH ROSEMARY AVENUE | ſ | (b) 477 SC | UTH ROSE | MARY AV | ENUE | |
|--------------------|--|---------------------------------|---|--|-------------------------|------------------------|-------------|
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | , <u> </u> | Mailing addre | | - | |
| | SUITE 216 | | SUITE | (<u>Note: MA</u> 216 | <u>1 be post</u> | OFFIC | E BOX) |
| | WEST PALM BEACH, FL 33401 | _ | | PALM BEAC | H, FL 334 | J01 | |
| | 9/1/2010 | _ | M100000 | 02970 | | | |
| | Date of filing/registration in Florida | • | 141100000 | | | | |
| | TRAC - THE REGISTERED AGENT COMPANY | 4. | | Document | number | | |
| (a) | Registered Agent and Registered Office shown on the records of the | he Floric | la Dept. of Sta | nte; | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRES</u> | হ্য | _ | | | |
| | Tallahassee | · , <u>-</u> | | | | | |
| (b) | Registered Agent Solutions, Inc. | | | | • | 2023 NOV | |
| 1 | Enter name of NEW Registered Agent and/or NEW Registered (| Office a | ddress: | _ | | 0V 29 |] [图2] |
| | 2894 Remington Green Ln. | | | | | _ | |
| | NEW Registered Office Address: | | | | <u>·</u> . | PH I2: | í |
| | Ste. A | | | _ | • . | 9: 36 | |
| | Tallahassee | 32308 | | | | | |
| ige it w /we | imited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li | egister oility co the lin | ed office ar ompany, it i oited liabili | id the busine: s hereby con ly company c | ss office of firmed the | of the re at the cl | gistered |
| | Jaclyn Wright | Jac | lyn Wright | - | Authori | zed P | erson |
| mat | ure of a member or authorized representative of a member | - | | Printed or typ | ed name of | signee | |

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for 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.

Signature of Registered Agent