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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:			
rmalı	BUULBEE.			

REGISTERED AGENT CHANGE GLOBAL AIRPORT PARKING, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

JUN 24 2021

ALBRITTON

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of				
- · ·	gistered agent, or both, in the State of Florida.				
1. The name of the corporation: Global Airport Parkin	ig, Inc.				
2. The principal office address: 7901 4th St N STE 3					
St. Petersburg FŁ					
3. The mailing address (if different): 7901 4th St N ST	E 300				
St. Petersburg FL 33702					
4. Date of incorporation/qualification: 04/21/2010 Document number: P10000034412					
5. The name and street address of the current register Florida Department of State: (If resigned, enter res					
DAILEY, CHRIS					
1440 CORAL RIDGE DR #43	202				
CORAL SPRINGS, FL 33071					
CORAL SPRINGS, FL 33071 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Northwest Registered Agent LLC					
Northwest Registered Agent LLC					
7901 4th St N STE 300					
P.O. Box NOT acceptable					
St. Petersburg FL 33702					
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent,				
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.				
Chris Dailey	Chris Dailey, President Printed or typed name and title				
I hereby accept the appointment as registered agent	t and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered				
on Glove	6/23/21				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Tom Glover					
Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *