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.

(((H23000416703 3)))



H230004167033ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6380

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 futured annual report mailings. Enter only one email address please.

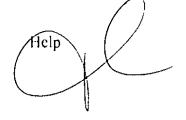
Email	Address:	

REGISTERED AGENT CHANGE ONE PARKING 200 E LAS OLAS, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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52:21 HJ 5- 1:30 8707

COVER LETTER

TO: Amendment Section Division of Corporations

One Parking 200 E Las Olas, Inc. SUBJECT: Name of Corporation P18000094480 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of ci	hange is submitted for a corpo	502, 617.0502, 607.1508, or 6 pration organized under the la fice or registered agent, or bo	ws of the State of	Florida	
1. The name of 2. The principal	of the corporation: One Parl al office address: 200 Eas	king 200 E Las Olas, I It Las Olas Fort Laud	nc. erdale, FL 3	3301	
3. The mailing	address (if different): 477 S	ROSEMARY AVENUE SUIT	E 216 WEST PAL	M BEACH, FL 334	01
4. Date of inco	orporation/qualification: 11/	15/2018 Document	number: <u>P1800</u>	10094480	
	und street address of the curren partment of State: (If resigned,	at registered agent and register enter resigned)	ed office on file w	ith the	
	TRAC - THE REG	SISTERED AGENT C	OMPANY		
	236 E. 6TH AVENUE	E			
	TALLAHASSEE	FL	32303	_	
6. The name a (if changed)		egistered agent (if changed) an	d /or registered of	2023 DEC -6	N
	2894 Remington	Green Ln. Ste. A		AH SSE	
	Tallahassee	P.O. Box NOT acceptable FL 3230	8	9: 44 5 TATE E, FL	O
The street add	dress of its registered office a	nd the street address of the bu	usiness office of i	ts registered agent,	
Such change vauthorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of has been notified in writing	directors or by an of the change.	officer so	
/s/ Jacly	n Wright	Jaclyn Wrigh		Authorized Pers	on
I further agre of my duties, a docúment is b corporation h	e to comply with the provisio and I am familiar with and ac wing filed merely to reflect a us been notified in writing of	red agent and agree to act in ns of all statutes relative to th scept the obligation of my po- change in the registered offic	ted or typed name and the this capacity, the proper and consistency as registered address, I here address, I here.		
	Harley Il	12/6/2023			
	Signature of Registered Agent		Date		
If signing on b	behalf of an entity:				
Mackenzie Hit	bler, Assistant Secretary				
	Typed or Printed Name	FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)