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.

Electronic Filing Cover Sheet

(((H24000349428 3)))



H240003494283ABC3

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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)705-7274

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

Email Address:_

REGISTERED AGENT CHANGE ONE PARKING PAYROLL, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ONE PARKING PAYROLL, INC.		
Name of Corporation		
DOCUMENT NUMBER: P19000029766		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.	
Please return all correspondence concerning this matter to the following:		
Alexander Vestal		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy, Ste 400	201	
Address	5 6	(2.75
Austin, Texas 78735	CT	*****
City/State and Zip Code	2024 OCT 18	
E-mail address: (to be used for future annual report notification)	ASSEE, FI	57
For further information concerning this matter, please call:		n
Alexander Vestal		
Name of Contact Person at (888) 705-7274 Area Code & Daytime Telepho	one Number	-
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	provisions of sections 607.0 ange is submitted for a corpe er to change its registered of	oration organized	under the la	iws of the State o	/ Florida			
	the corporation: ONE PA			-	Tith fact.			
	•			· ·				
3. The mailing	address (if different):				**************************************			
4. Date of incor	poration/qualification: 4/2/	2019	Document	number: P190	00029766			
5. The name and	d street address of the curren rtment of State: (If resigned,	t registered agent						
	TRAC - THE REC	GISTERED	AGENT	COMPAN	Y			
	236 E. 6TH AVENUE							
	TALLAHASSEE		FL	32303	2024 ::-			
6. The name and (if changed):	d street address of the new re			id /or registered e	2024 OCT 18 AM 9:			
	2894 Remington	Green Ln.	Ste. A	-	- m			
	Tallahassee	P.O. Box NOT FL	3230	8	一 一			
The street address changed will	ess of its registered office ar	nd the street addre	ess of the bu	isiness office of	its registered agent,			
Such change wa authorized by th	as authorized by resolution on the board, or the corporation	duly adopted by it has been notified	ts board of	directors or by a of the change.	n officer so			
/s/ Jaclyr	Wright re of an officer or director	Jac	lyn Wrigh	1t led or typed name and	Authorized Person			
of my duties, an document is bei	the appointment as register to comply with the provision ad I am familiar with and ac ing filed merely to reflect a c s been notified in writing of	is of all statutes r cept the obligation change in the revi	ee to act in elative to the on of my pos istered offic	this capacity, te proper and co sition as register te address, I hero	mplete performance ed agent. Or, if this by confirm that the			
М	المك روهمه	10)/18/2024	4				
Sig	nature of Registered Agent		_	Date				
If signing on be	half of an entity:							
	er, Assistant Secretary							
I	yped or Printed Name	FILING FEE: \$3	15 nn * * *					

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