**Electronic Filing Cover Sheet** 

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(((H23000416730 3)))



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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 future annual report mailings. Enter only one email address please. \*\*

FMA1 I	Address:			

## REGISTERED AGENT CHANGE ONE PARKING 733, INC.

Certificate of Status	0
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Corporate Filing Menu



## **COVER LETTER**

TO:	Amendment Section
	<ul> <li>Division of Corporations</li> </ul>

SUBJECT: Name of Corporation P2100001	4497		
DOCUMENT NUMBER: 1210001			
The enclosed Statement of Change of Registered O	ffice/Agent and f	ee are submitted for	filing.
Please return all correspondence concerning this ma	atter to the follow	ring:	
Lori Whalen			2023 DEC -6
Name of Contact Person			品品
Registered Agent Solutions, Inc.			0
Firm/Company			= 6
Corporate Center One, 5301 Southwest Pkwy, Ste 400			ŚŚ. 😕
Address			
Austin, Texas 78735			77
City/State and Zip Code			023 DEC -6 AM 9: 44
E-mail address: (to be used for future annual re	port notification	n)	_
For further information concerning this matter, plea	ase call:		
Lori Whalen	at ( <sup>888</sup>	705-7274 ode & Daytime Tel	
Name of Contact Person	Area C	ode & Daytime Tel	ephone Number

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 chai	orovisions of sections 60 nge is submitted for a co r to change its registered	rporation organized	l under the law	s of the State of	o∫_Florida	_
The name of the control of the principal of the principal of the control of	he corporation: One office address: 777 S	Parking 733, Flagler Dr W	Inc. est Palm E	Beach, FL	33401	<u> </u>
3. The mailing a	ddress (if different): 477	S. ROSEMARY A	VENUE SUITI	E 216 WEST F	PALM BEACH, FL	33401
4. Date of incorp	oration/qualification: 2	/8/2021	_ Document n	umber: P210	)00014497	
	street address of the cur tment of State: (If resign		t and registered	d office on file	with the	
	TRAC - THE R	EGISTERED	AGENT C	OMPANY		
	236 EAST 6TH A	VENUE			2023 DEC	en.74
	TALLAHASSEE		FL	32303	JEC -6	
6. The name and (if changed):	street address of the nev			l /or registered	AM 9: 44	
	2894 Remingto	n Green Ln.	Ste. A		<del></del> +	
	Tallahassee	P.O. Box NO FL	Tacceptable 32308	}	<u> </u>	
The street addre as changed will	ss of its registered offic be identical.	e and the street add	lress of the bu	siness office of	f its registered age	ent.
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notific	its board of ded in writing o	irectors or by a fithe change.	an officer so	
/s/ Jaclyn	Wright		clyn Wrigh		Authorized P	erson
l further agree t of my duties, and document is beù	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	sions of all statutes l accept the obligat t a change in the re	gree to act in the relative to the fion of my postered office	his capacity, e proper and c ition as registe e address, I he	complete performa red agent. Or, if reby confirm that	ince this the
Мо	الله روم	•	12/6/2023			
Sign	nature of Registered Agent	<del></del>		Date		_
If signing on bel	half of an entity:					
	r, Assistant Secretary					
Ту	yped 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)