8/7/2014 12:56:55 From: To: 8506176380

Division of Corporations



(1/3)

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCACO0000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future 22 annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CITY NIGHTS VALET, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 0 8 2014

8/7/2014

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: City Nights Valet, Inc.

Name of Corporation

DOCUMENT NUMBER

S12620

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:

Name of Contact Person

CT Corporation

Firm/Company

1200 South Pine Island Road

Address

Plantation, Florida 33324

City/State and Zip Code

AP@maketraveleasier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Husselman

407 ,849

Name of Contact Person

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid statement of change is submitted for a corporation organized under the laws of the State of		
in order to change its registered office or registered agent, or both, in the State of		
1. The name of the corporation: City Nights Valet, Inc.		
2. The principal office address: 6751 Forum Drive, Suite 200 Orlando, Fl	orida 32821	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 00/03/1990 Document number: S126	620	
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the	
Craig Mateer	_	
6751 Forum Drive, Suite 200		
Orlando, Florida 32821		#12.54 4 4
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	office)	1
CT Corporation System		egn.
1200 South Pine Island Road		
P.O. Box NOT acceptable Plantation, Florida 33324		
	_	
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered agent,	1
Such change was authorized by resolution duly adopted by its board of directors of by authorized by the board, or the corporation has been notified in writing of the change.	in officer so	
I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and caperformance of my duties, and I am familiar with and accept the obligation of my postu agent. Or, if this document is being filed merely to reflect a change in the registered of hereby confirm that the corporation has been notified in writing of this change.		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Jordan Brown, 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 (03/12)