# F06000000195

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP MAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer: PER LYN
The attached R.A. Change SHOFFSTALL
for an 1s to service as 6-1-18
the signature for the
RAAgent listed on the 2018 AR
filed on 01-18-18 with the Div.
of Corporations. This document
Will be filed at northarge since it

is to service only as a signature page for the acceptance of Paracorp Incorporated agreeing to be the registered agent for Propertyroom. Com, Inc.



400293669664

18 JUH - 1 AH 9: 2

06-01-18 DC



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

Destiny Baylor

1167230

#### REFERENCE # MUST BE ON INVOICE TO BE PAID

#### NUMBER PAGES:

REFERENCE:

AE:

Date May 30, 2018

Registration Section Division of

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX,

TO

PLEASE PERFORM THE FOLLOWING:

PROPERTYROOM.COM, INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Hello,

Please see the attached Statement of Change. If you have any questions, please feel free to reach out to me at 800-322-8539 or by email at dbaylor@myparacorp.com

H1039

Thank you.

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Destiny Baylor TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

### COVER LETTER

	ndment Section ion of Corporations		
SUBJECT: F	PROPERTYROOM.O	COM, INC	
	Name of C	Corporation	
DOCUMENT	FNUMBER: F060000019	95	
The enclosed	Statement of Change of Registered Offic	ce/Agent and fee	are submitted for filing.
Please return i	all correspondence concerning this matte	er to the following	p'
	DESTINY BAYLOR		
	Name of Co	ntact Person ED	<del> </del>
	Firm/C 2804 GATEWAY OAKS DR #	ompany ‡100	
	SACRAMENTO, CA 95833	lress	<del> </del>
	City/State a	nd Zip Code	
	patriciabenson@p	•	
For further inf	ormation concerning this matter, please	call:	
Patricia Benson		<sub>31.0</sub> 240	382-2021
Name of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a \$	\$35.00 check made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Divisi Cliftor 2661 I	Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301

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

Pressuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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 Florida.
1. The name of the corporation: PROPERTYROOM.COM, INC
2. The principal office address: 5257 BUCKEYSTOWN PIKE SUITE 475  FREDERICK, MD 21704
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/11/2016 Document number: F0600000195
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Resigned
SECRETARY SECRET
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Paracorp Incorporated
155 Office Plaza Drive, 1st Floor P.O Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Aaron Thompson  Signature of an other or director  Printed or typed name and title
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Hull Sol Latice Burleson 5/21/2018  Date  Date
It signing on behalf of an entity:
Paracorp Incorporated 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 \* \* \*