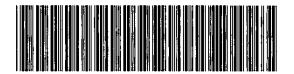
## F13000004531

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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PX PROPERTY EXCHANGE, INC.

Name of Corporation

DOCUMENT NUMBER, F1300004531

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:

## **MILTON VONG**

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

jday@genesiscapital.com

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

For further information concerning this matter, please call:

MILTON VONG

,888

886-7166

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

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of CALIFORNIA registered agent, or both, in the State of Florida.	
1 The name of t	he corporation: PX PROPERT	Y EXCHANGE, INC.	
2. The principal	office address: 21650 OXNAR	D STREET 1700 WOODLAND HILLS, CA 91367	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/18/20	13	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	HABER, DENNIS		
	8925 SW 148TH STREET #200		
	MIAMI, FL 33176		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		
	Paracorp Incorporated		
	155 Office Plaza Drive, 1	st Floor	
	P,O. Bo Tallahassee, FL 32301	x NOT acceptable	
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registered agent,	
Such change was	es authorized by resolution duly ad-	opted by its board of directors or by an officer so en notified in writing of the change.	
Signatu	to of an object of ductor	Trixy Weiss Printed or typed name and tifle	
I hereby accept I further/agree i performance of	the appointment as registered age to comply with the provisions of all my dules, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
Shoner	1 Come	07/27/2015	
Sig	nature of Registered Agent	Date	
5 0	half of an entity:		
	OKE, ASSISTANT SECRETARY  upped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*