L110000117282

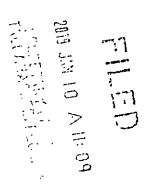
| (Requestor's Name) | | | | |
|---|---|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | _ | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | - | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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12/28/17--01024--017 **25.00



D. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: RGN RENTAL PROPERTIES, LLC

Ref. Number: L16000117282

We have received your document for RGN RENTAL PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT IN LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 317A00026315

COVER LETTER ()

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|------------------------------------|--------------|-----------|--|--|
| RGN Rental Properties, LLC | С | | | | | |
| SUBJECT: Nar | Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Off | fice Change ar | nd fee(s) are submitted for filing | | | | |
| Please return all correspondence concerning th | | | | | | |
| | | | | | | |
| Destiny Baylor | | | | | | |
| Name of Person | | | | | | |
| Paracorp Incorporated | | | | | | |
| Firm/Company | | | | | | |
| 2804 Gateway Oaks Dr #100 | | | } | | | |
| Address | | | | | | |
| Sacramento, CA 95833 | | | | | | |
| City/State and Zip Code | - | | | | | |
| paracorp@myparacorp.com | | | | | | |
| E-mail address: (to be used for future an | nual report no | tification) | | | | |
| For further information concerning this matter | t, please call: | | 2313 | | | |
| Destiny Baylor | 800 at (| 533-7272 |) J | 3 مساع | | |
| Name of Person | \ | Area Code & Daytime Tele | phone/Number | 1 | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the followin | g amount: | | | | | |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | |
| INHS18 (2/14) | | | ! | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1 \ | ame of the limited liability company: RGN RENTAL | PROPERTIES, LLC | | | | |
|------------------------|---|--|--|--|--|--|
| | 189 S ORANGE AVE, STE 970 | (b) 189 S ORANGE AVE, STE 970 | | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | ORLANDO, FL 32801 | ORLANDO, FL 32801 | | | | |
| | | | | | | |
| | 06/22/2016 | L16000117282 | | | | |
| 3. | Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of t | es of Central FL Inc | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | | |
| | 390 Norange AVE STE 1400 | | | | | |
| | orlando, FI. | 32801 | | | | |
| (h) | Paradorp Incorporated | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | | | |
| | 155 Office Plaza Drive, 1st Floor NEW Registered Office Address: | Office address: | | | | |
| | Tallahassee, FL | 32301 | | | | |
| the cha agent was/w | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia | the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company. Anthony W. Justice | | | | |
| Signa | ature of a member or authorized representative of a member | Printed or typed name of signee | | | | |
| rovis he ob | ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided cly reflect a change in the registered office address, I l ed in writing of this change. | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been | | | | |
| ignati | ure of Registered Agent Milton Vong, Assis | turt Secretary. | | | | |
| | Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 | | | | | |