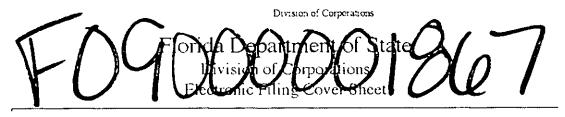
6/14/2021



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.

(((H210002338393)))



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<i>:</i>	Division of Co Fax Number	: (850)617-6380
From:		
	Account Name	: LEGALINC CORPORATE SERVICES INC.
	Account Number	: 120180000011
	Phone	: (844)386-0178
•	Fax Number	: (214)317-4754

REGISTERED AGENT CHANGE REDFIN CORPORATION

Certificate of Status	0
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To: 18506176380 From: 12147128131 Date: 06/14/21 Time: 9:44 AM Page: 02/02

(((H21000233839 3)))

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Sta nized under the laws of the State of tered agent, or both, in the State of Flor			
1. The name of t	he corporation: Redfin Corporation				
2. The principal					
3. The mailing a	ddress (if different):	<u></u>	_		_
4. Date of incorporation/qualification: 05-07-2009 Document number: F09000001867					
	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with red)	the		
	CT CORPORATION SYSTEM		1741 200	2021	
			14.7 14.7 22.7	MUL	'n
			\$3EE	HY 11 NOT 1202	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			AHASSEE, FLORID	8: 2	Ü
	LEGALINC CORPORATE SERVICES	INC.	>⊷	Ŋ	
5237 SUMMERLIN COMMONS BLVD, SUITE 400 P.O. Box NOT acceptable FORT MYERS, FL 33907					
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by an of otified in writing of the change.	ficer so		
anthony	Kappu- e of an officer or director	Anthony Kappus, Secretary			
		Frinted or typed name and title			
I further agrée i of my duties, an document is bei	the appointment as registered agent a comply with the provisions of all stad I am familiar with and accept the object a change in the been notified in writing of this change.	tutes relative to the proper and compl ligation of my position as registered a he registered office address. I hereby o	ete perfoi gent. Or confirm th	mance of this hat the	2
1	M	6/14/2021			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Anna Manukyan				000.5	
Typed or Printed Name		(((H2)	1000233	839 3)))

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