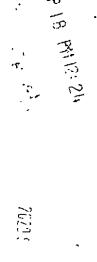
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					



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8: 40

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/18/2020						
	Merritt Walker						
Reference	#: 1266601						
		ENDOOR LABS INC.					
Artic	les of Incorporation/Author	rization to Transact Business					
✓ Ame	ndment						
Change of Agent							
Reinstatement							
Conv	Conversion						
☐ Merg	ger						
Disso	olution/Withdrawal						
Fictit	ious Name						
✓ Othe	r CERTIFII	ED COPY OF THE FILING EVIDENCE					
Authorized	Amount: \$43.7	5					
Signature: _	uw						

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

SUBJECT:	DOOR LABS INC.	e of Corporation		
	JMBER:	•		
	endment and fee are submitted for	-		
Please return all co	orrespondence concerning this ma	tter to the followin	g:	
TERRI DAVIS				
	Name of Contact Person		_	
OPENDOOR LAI	BS INC.			
	Firm/Company			
ONE POST ST., 1	ITH FLOOR			
	Address		_	
SAN FRANCISC	O, CA 94104			
	City/State and Zip Code		_	
LEGALOPERTIC	NS@OPENDOOR.COM			
E-mail addre	ess: (to be used for future annual r	eport notification)		
For further inform	ation concerning this matter, plea	se call:		
TERRI DAVIS		415 at (260-0794	
Nam	e of Contact Person	Area Cod	e & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:			
3\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fill Certified Co	_	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR ${\color{red} {\mathbb{R}}}$ AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

2078 ST 18 AM 8: 40

SECTION I (1-3 MUST BE COMPLETED)

(Name of corporation as it appears on the records of the Department of State) DELAWARE 3. SEPTEMBER 19, 2017 (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? [Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation not contained in new name of the corporation) If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration. (New duration) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida sweet address) New Registered Office Address: Florida	(Document number	er of corporation (if known)
(Incorporated under laws of) (Incorporated under laws of) (Date authorized to do business in Florida) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? [Name of corporation after the amendment, adding suffix "corporation." "company." or "incorporated." or appropriate abbreviation not contained in new name of the corporation) If new name is unavailable in Florida, enter ahernate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration. (New duration) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office studdress: Florida	OPENDOOR LABS INC.	
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(Florida street address) New Registered Office Address: Florida		
New Registered Office Address: . Florida	Name of New Registered Agent	
New Registered Office Address: . Florida		
New Registered Office Address:	(Florida :	street address)
(City) (Zip Code)		
(Chy) (Zip Code)	(C	πίγ) (Σήρ Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
Signature of New Registered Agent, if changing	Signature of New Registered Agent, if changi	ing

Type of Action Title/ Capacity Name Address DIRECTO CARRIER WHEELER ONE POST ST., 11TH FL \square Add SAN FRANCISCO, CA 94104 ☑Remove DAVID WEIDEN ONE POST ST., LITH FL. DIRECTO ☑Add SAN FRANCISCO, CA 94104 Remove CFO GAUTAM GUPTA ONE POST ST., 11TH FL □Add SAN FRANCISCO, CA 94104 **E**Remove CARRIE WHEELER **CFO** ONE POST ST., 11TH FL ☑Add SAN FRANCISCO, CA 94104 Remove \square Add Remove Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery
of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Eric Wu CEO & President (Typed or printed name of person signing) (Title of person signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00