Page 2 of 3

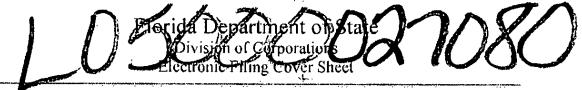
2018-02-13 12:16:43 CST

12122023573 From: Kimberly Laughrey

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2/13/2018

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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## LLC REGISTERED AGENT CHANGE RESIDENTIAL ACQUISITION GP, LLC

| Certificate of Status |          | 0       |
|-----------------------|----------|---------|
| Certified Copy        | 1        | 1       |
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| Estimated Charge      |          | \$55.00 |

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## 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.

| l. Νε               | ame of the limited liability company: RESIDENTIA   | LACQUISETIO.                          | NGP,LLC  |
|---------------------|--|---------------------------------------|--|
| 2. (a)              | Principal office address of limited liability company:   | (b)                                   |  |
| (•.,                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |                                       | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                     | 158360BARRANCAPARKWAY  |                                       | 15360 BARRANCA PARKWAY   |
|                     | IRVINE, CA92618  |                                       | IRVINE, CA 92618   |
|                     | 03/17/2005   | . £.050                               | 000027080  |
| 3.                  | Date of filing/registration in Florida   | 4.                                    | Document number  |
| i. (a)              |  |                                       |  |
| · ( <del>••</del> ) | Registered Agent and Registered Office shown on the records of REGISTEREDAGENTSOLUTIONS, INC.  | of the Florida Dept                   | of State:  |
|                     | Registered Office Address MUST BE FLORIDA STREE  | T <u>ADDRESS)</u>                     | in the second se |
|                     | 155 OFFICE PLAZA DR. SUITE A   |                                       |  |
|                     | TALLAHASSEE, F   | FL 32301                              |  |
|                     |  |                                       |  |
| (b)                 | Enter name of NEW Registered Agent and/or NEW Register   | al Office address.                    |  |
|                     | Enter thank of 1223 Neghterra Agent and of 1223 Neghter  | en Conce mogesa:                      | 9.0  |
|                     | CTCorporationSystem  | :                                     |  |
|                     | NEW Registered Office Address:   |                                       |  |
|                     | 1200SouthPinelslandRoad  |                                       |  |
|                     | Plantation, f  | 33324 .                               |  |
| he cha              | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members   | aws of the State                      | e of Florida, it is hereby confirmed that after d office and the business office of the register   |
| vas/we<br>he arti   | icles of organization or the operating agreement of the  | s of the limited<br>ne limited liabil | liability company or as otherwise provided in<br>ity company.  |
|                     | Miche Hold   | Michelel                              | lolden   |
| •                   | ture of a memberor authorized representative of a member   |                                       | Printed or typed name of signee  |
| тине                | hy accept the appointment as registered agent and a ions of all statutes relative to the proper and completing all ones of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.  Opporation System |                                       | Bolden   |