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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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SECRETARY OF STATE

O SIMMONS
DEC 07 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: eXp Realty, LLC	Control Limited Linklike Comment
Name of r	oreign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and f	ee(s) are submitted for filing.
Please return all correspondence concernis	ng this matter to the following:
Donna Reid	
Name of Person	
eXp	
Firm/Company	
8930 N 18th Ave	
Address	
Phoenix, AZ 85021	
City/State and Zip	Code
compliancemail@cscglobal.com	
E-mail address: (to be used for future at	nnual report notification)
For further information concerning this m	atter, please call:
Donna Reid	at () 5246055
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ving amount:
■\$25 Filing Fee □ \$30 Filing Fee &	□ \$55 Filing Fee & □ \$60 Filing Fee,
Certificate of Sta	
CR2E055 (9/15)	элча сору

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2021 NOV 16 AM 6: 40 SECTION I (1-4 must be completed)

Name of limited liability Company as it appear eXp Realty, LLC	s on the records of the F	lorida Department of STATE
State: eXp Realty, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	bility company is: M20	000002075
3. Jurisdiction of its organization: Washington		
4. Date authorized to do business in Florida: 05/00		
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (must	t contain "Limited Liabi	lity Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adoptir	acting business in Florida and attach a g the alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent age		records, enter the name of the new
Name of New Registered Agent:	<u>,</u>	
New Registered Office Address:		
	Enter	Florida Street Address
	City	, Florida Zip Code
Naur Booisteered Assent's Simple - if the Company	·	sip coue
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change	nt and agree to act in the and complete performa ered agent as provided j	nce of my duties, and I am familiar with for in Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

Add	tran of Antrew Shock	2021 NOV 16 AM 6:	
itle/ Capacity	<u>Name</u>	SECRETARY OF STY Address ALLAHASSEE.F	pe of Action
Manager	Andrew Shock	2039 Ocean Blvd.	_ ≣Add
		Siesta Key, FL 34242	_ □Remo
·			_ □Add
			_ □Remo
			_ □Add
			□Remo
			_ □Add
			_ □Remo
			_ □Add
aforemention	inder the law of which this entity is orga	the official having custody of records in the	_ □Remo

Filing Fee: \$25.00

The State of Washington

Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF.

EXP REALTY, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/30/2007.

I FURTHER CERTIFY that the entity's duration is 12/31/2044, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/12/2021 UBI Number: 602 690 205



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 11/12/2021