M1700005835

(Req	uestor's Name)		
(Add	lress)		
(Add	ress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.	
(Bus	iness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificate:	s of Status	
Special Instructions to Filing Officer.			

Office Use Only



000331937070

19 JUL 26 *H.U. 36

2019 JUL 26 AM 10: 07

JUL 29 2019 M. SOLOMON



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

Account#: I20000000088

Date:	07/25/2019	
	Merritt Walker	
Referen	nce #:1111870	<u> </u>
Entity N	lame: OPENDOOF	BROKERAGE LLC
_ <i>P</i>	Articles of Incorporation/Authorizatio	n to Transact Business
□ F	Amendment	
V	Change of Agent	
□ F	Reinstatement	
	Conversion	
N	Merger er e	
	Dissolution/Withdrawal	
F	rictitious Name	
	Other	
Authoriz	zed Amount: \$25	
Signatu	re:	

F: 800.944.6607

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 405 Howard Street, Suite 550 405	Attn: Legal Operations ing address of limited liability company: lote: MAY BE POST OFFICE BOX) Howard Street, Suite 550
Principal office address of limited liability company: Mai (Note: MUST BE STREET ADDRESS) 405 Howard Street, Suite 550 405	loie: MAY BE POST OFFICE BOX
	Howard Street, Suite 550
San Francisco, CA 94105 S	
	an Francisco, CA 94105
07/11/2017	M17000005835
3. Date of filing/registration in Florida 4. De	eument number
5. (a) BLACKBURN, MICHAEL	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
115 NORTH CALHOUN ST., STE 4	·
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
TALLAHASSEE , FL 32301	
(h)COGENCY GLOBAL INC.	新年: 8 第2 8) 第
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
115 North Calhoun Street, Suite 4	
NEW Registered Office Address:	
Tallahassee , FL 32301	
If the limited liability company is not organized under the laws of the State of Florida the change or changes are made, the Florida street address of the registered office at agent will be identical. Or, in the case of a Florida limited liability company, it is hows/were authorized by an affirmative vote of the members of the limited liability of the articles of organization or the operating agreement of the limited liability companies.	nd the business office of the registered creby confirmed that the change(s) company or as otherwise provided in my. Elizabeth Stevens
Signature of a member or authorized representative of a member Pr	inted or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00