M17000006848

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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:	01/25/2019	
	Merritt Walker	_
	#:C023963	_
Entity Nam	e:OPENDOOR P	ROPERTY W11 LLC
Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
Rein	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25	
Signature:	uw	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Nan	ne of the limited liability company: OPENDOOF	PROPERTY W11 LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	San Francisco, CA 94105	5 2 2 3
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	405 Howard Street, Suite 550 San Francisco, CA 94105	20
8/1	10/2017	M17000006848	Day of
3. Date	of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida De	pt. of State:
	Registered Agent:	Corporation Service Co	ompany
	Registered Office Address:	1201 Hays Street	
		Tallahassee, FL 32301-2525	
(b)	Enter name of NEW Registered Agent and/or NEW		
TABLE REGISTER A TIGETH.		COGENCY GLOBAL INC	
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., St	uite 4
	incor of recommendations	Tallahassee	,FL_32301
confirn and the liability the mei the ope	mited liability company is not organized under the land that after the change or changes are made, the Flousiness office of the registered agent will be identy company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwing agreement of the limited liability company.	orida street address of the reical. Or, in the case of a Flo	gistered office rida limited
	of a member or authorized representative of a member	-	
Jason	Child		
Printed o	r typed name of signee	_	
	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prom familiar with and accept the obligations of my poor 605, F.S. Or, if this document is being filed to mes, I hereby confirm that the limited liability company	gree to act in this capacity. Sper and complete performa sition as registered agent as rely reflect a change in the r has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.
Int Ties	n Marailla		

/s/ Tim Mayville

Signature of Registered Agent Tim Mayville, Assistant Secretary