## 117000006855

| (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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|   |  |  |  |  |  |

Office Use Only



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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           | <del></del> .  |                        |  |  |
|---------------------------------------|----------------------|----------------|------------------------|--|--|
|                                       | Merritt W            | alker          | <u> </u>               |  |  |
|                                       |                      | 3963           |                        |  |  |
| Entity Name: OPENDOOR PROPERTY W1 LLC |                      |                |                        |  |  |
|                                       |                      |                |                        |  |  |
| Artic                                 | cles of Incorporatio | n/Authorizatio | n to Transact Business |  |  |
| ☐ Ame                                 | endment              |                |                        |  |  |
| ✓ Change of Agent                     |                      |                |                        |  |  |
| Reinstatement                         |                      |                |                        |  |  |
| Conversion                            |                      |                |                        |  |  |
| Merger                                |                      |                |                        |  |  |
| ☐ Dissolution/Withdrawal              |                      |                |                        |  |  |
| ☐ Fictitious Name                     |                      |                |                        |  |  |
| Oth                                   | er                   |                |                        |  |  |
|                                       |                      |                |                        |  |  |
| Authorized                            | Amount:              | \$25           | <del></del>            |  |  |
| Signature:                            | (                    | w              |                        |  |  |

## 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.

| •   |  |
|---|--|
| 1. Name of the limited liability company: OPENDOOF  | PROPERTY W1 LLC  |
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )  | ± 405 Howard Street, Suite 550   |
| (HOLE PROST DE STREET ADDRESS)  | San Francisco, CA 94105  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 405 Howard Street, Suite 550   |
|   | San Francisco, CA 94105  |
| 8/10/2017   | M17000006855 3   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on t  |  |
| Registered Agent:   | Corporation Service Company 7  |
| Registered Office Address:  | 1201 Hays Street   |
|   | Tallahassee, FL 32301-2525   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :  NEW Registered Office Address:  | V Registered Office address:  COGENCY GLOBAL INC.  115 North Calhoun St., Suite 4  |
| (MUST BE FLORIDA STREET ADDRESS)  | TallahasseeFL_32301  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | orida street address of the registered office ical. Or, in the case of a Florida limited   |
| /s/ Jason Child   | _  |
| Signature of a member or authorized representative of a member  |  |
| Jason Child   |  |
| Printed or typed name of signee   | <del>-</del>   |
| I hereby accept the appointment as registered agent and a<br>comply with the provisions of all statutes relative to the pro<br>and I am familiar with and accept the obligations of my po-<br>Chapter 605, F.S. Or, if this document is being filed to me<br>address, I hereby confirm that the limited liability company   | gree to act in this capacity. I further agree to<br>oper and complete performance of my duties,<br>sition as registered agent as provided for in<br>rely reflect a change in the registered office<br>has been notified in writing of this change. |

/s/ Tim Mayville
Signature of Registered Agent Tim Mayville, Assistant Secretary