## M17000006858

(Re	equestor's Name)				
(Address)					
(Ad	idress)				
(Cit	ty/State/Zip/Phone	<u> </u>			
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PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(5.5)		·- <b>,</b>			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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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: 0		
Name:	Merritt Walker	_
Reference #:		_
Entity Name:	OPENDOOR P	ROPERTY W23 LLC
	of Incorporation/Authorization	
☐ Amendn	nent	
✓ Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
Merger		
Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other		
Authorized Am	ount: <b>\$25</b>	<del></del>
Signature:	. 41.40	

## 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.	Nai	ne of the limited liability company: OPENDOO!	R PROPERTY W23 LLC	<u></u>		
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	9 405 Howard Street, Suite 550 San Francisco, CA 94105	22		
(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	M17000006858			
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent: Registered Office Address:		Registered Agent:	Corporation Service Company			
		Registered Office Address:	1201 Hays Street			
			Tallahassee, FL 32301-2525			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Agent:	COGENCY GLOBAL INC.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address:	115 North Calhoun St., Suite 4			
		MOST BE TECKIDA STREET ADDRESSY	Tallahassee	FL_32301		
co an lia the	nfirr d the bilit e me	imited liability company is not organized under the ned that after the change or changes are made, the F business office of the registered agent will be ident y company, it is hereby confirmed that the change(s) inbers of the limited liability company or as otherwise trating agreement of the limited liability company.	lorida street address of the regist ical. Or, in the case of a Florida was/were authorized by an affir	ered office limited mative vote of		
		son Child	_			
Sig	natur	e of a member or authorized representative of a member				
		n Child	_			
		or typed name of signee				
L co an Cl	here mply d I a japte ldres	by accept the appointment as registered agent and a wwith the provisions of all statules relative to the pr im familiar with and accept the obligations of my pa er 605. F.S. Or, if this document is being filed to me is. I hereby confirm that the limited liability compan	gree to act in this capacity. I fu oper and complete performance sition as registered agent as pro rely reflect a change in the regis y has been notified in writing of	rther agree to of my duties, wided for in stered office this change,		

/s/ Tim Mayville

Signature of Registered Agent Tim Mayville, Assistant Secretary