M17000006861

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Account#: I2000000088

Date:01	1/25/2019	
Name:	Merritt Walker	
Reference #:	C023963	_
Entity Name:		PROPERTY W5 LLC
	of Incorporation/Authorizatio	n to Transact Business
Amendn	nent	
Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other		
Authorized Am	ount: \$25	
Signature:	JIW	

COGENCY GLOBAL INC 10 E 40 ° \$1, 10 ° FL NY NY 10016 D: 41 217 947 7700

D: +1.212.947.7200 P: 800.221.0102 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, 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:	OPENDOOR	PROPERTY W5 LLC			
2.	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	(NOR. MOST BE STREET ADDRESS	<u>J</u>)	San Francisco, CA 94105		_ _	
	(b) Mailing address of limited liability comparison (Note: MAY BE POST OFFICE BOX		405 Howard Street, Suite 550	#55 85 85 85 85 85 85 85 85 85 85 85 85 8	AN 28	
	(NOIE: MAT BETOST OFFICE BOX	y	San Francisco, CA 94105		_=_ <u>[</u>	
	8/10/2017		M17000006867	F. Ogs	خ ر	
3.	Date of filing/registration in Florida	۷	Document number	<u> </u>	30	
5. ((a) Registered Agent and Registered Office Registered Agent:	shown on the	he records of the Florida Dept. of State: Corporation Service Company			
	Registered Office Address:		1201 Hays Street			
			Tallahassee, FL 32301-2525			
	(b) Enter name of <u>NEW Registered Agent</u>	and/or <u>NEV</u>	V Registered Office addres	<u>s</u> :		
	NEW Registered Agent:		COGENCY GLOBAL INC.			
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		115 North Calhoun St., Suite 4			
	MOST BE TECHNOTOTICE THE	12007	Tallahassee	,FL_3	32301	
co an lia the	the limited liability company is not organized ntirmed that after the change or changes are not the business office of the registered agent with bility company, it is hereby confirmed that the members of the limited liability company or experating agreement of the limited liability of	nade, the Florill be identi e change(s) as otherwis	orida street address of the re cal. Or, in the case of a Flor was/were authorized by an a	gisterec rida lim ıffirmat	d office lited live vote of	
/s	s/ Jason Child					
Sig	nature of a member or authorized representative of a member	·r	-			
Já	ason Child					
	inted or typed name of signee					
	hereby accept the appointment as registered a mply with the provisions of all statules relativ at I am familiar with and accept the obligation apter 605, F.S. Or, if this document is being dress, I hereby confirm that the limited liabil.	ngent and age of to the pro- of my pos- filed to men ity company	gree to act in this capacity, per and complete performan ition as registered agent as ely reflect a change in the re has been notified in writing	furthe ice of n provide egistere of this	r agree to ny duties, ed for in ed office change.	
- /	s/ Tim Mayville					

Signature of Registered Agent Tim Mayville, Assistant Secretary

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