M17000006873

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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:)1/25/2019	
Name:	Merritt Walker	
Reference #:_	C023963	
Entity Name:_	OPENDOOD D	ROPERTY W10 LLC
Articles	s of Incorporation/Authorization	o Transact Business
Amend	ment	
Change	e of Agent	
Reinsta	atement	
Conver	rsion	
☐ Merger		
Dissolu	ition/Withdrawal	
Fictition	us Name	
Other_		
Authorized An	mount: \$25	. <u></u>
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.

1. N	ame of the limited liability company: OPENDOC	DR PROPERTY W10 LLC 🚅 💆	_
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	Ny: 405 Howard Street, Suite 532 77 78 78 78 78 78 78 78 78 78 78 78 78	_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	405 Howard Street. Suite 5500, San Francisco, CA 94105	- - -
;	8/10/2017	M1700006873	
3. D	ate of filing/registration in Florida	4. Document number	_
5. (a	n) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	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>NE</u>	W Registered Office address:	
	NEW Registered Agent:	COGENCY GLOBAL INC.	_
NEW Registered Office Address:	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
	(MOOT BET EOM DITOR TO MEDITAL DITER	Tallahassee ,FL 32301	_
confi and the liabil the methe of	Ilimited liability company is not organized under the rmed that after the change or changes are made, the I he business office of the registered agent will be identity company, it is hereby confirmed that the change(seembers of the limited liability company or as otherwise perating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote (of
	Jason Child		
-	ure of a member or authorized representative of a member		
	on Child	_	
	d or typed name of signee		
I her comp and I Chap addre	eby accept the appointment as registered agent and oly with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my poter 605, F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.	0

/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**