(Requestor's Name) (Address) (Address)	400323265024
(City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 19 JM 28 AM 8 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	01/25/2019			
	Merritt Walker			
Reference #:	000000			
		OR PROPERTY D LLC		
Article	es of Incorporation/Authoriza dment ge of Agent tatement			
 Merger Dissolution/Withdrawal Fictitious Name Other				
Authorized A	mount: \$25			

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Signature: _______

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 D LLC
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- 2. (a) Principal office address of limited liability company: 405 Howard Street. Suite 550 (Note: MUST BE STREET ADDRESS)
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

10/12/2017

3. Date of filing/registration in Florida

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	W Registered A	Agent:
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NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

Tallahassee	FL 32301
	201 2 70

If the limited liability company is not organized under the laws of the State of Florida, it is hereby If the limited hability company is not organized under the laws of the State of Florida, it is nereov-confirmed that after the change or changes are made, the Florida street address of the registered diffice and the business office of the registered agent will be identical. Or, in the case of a Horida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jason Child

Signature of a member or authorized representative of a member

Jason Child

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Isl Tim Mayville

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

405 Howard Street, Suite 550

San Francisco, CA 94105

San Francisco, CA 94105

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