M18000004685

| (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#: 120000000088

| Date: 01/25/2019 | |
|---|----------------------|
| Name: Merritt Walker | <u>.</u> |
| Reference #: C023963 | _ |
| Entity Name: OPENDOOR P | ROPERTY W28 LLC |
| Articles of Incorporation/Authorization | to Transact Business |
| Amendment | |
| ✓ Change of Agent | |
| Reinstatement | |
| Conversion | |
| ☐ Merger | |
| ☐ Dissolution/Withdrawal | |
| ☐ Fictitious Name | |
| Other | |
| | |
| Authorized Amount:\$25 | |
| Signature: AAN√ | |

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: OPENDOO | PROPERTY W28 LLC | |
|--|---|--------------------------|
| 2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>) | y: 405 Howard Street, Suite 550 🕏 c | _ |
| (| San Francisco, CA 94105 | <u> </u> |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 405 Howard Street, Suite 550 55 8 | |
| (<u></u> | San Francisco, CA 94105 | -ţ-: |
| 5/15/2018 | M18000004685 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: Corporation Service Company | |
| 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> | ·· ····· | |
| <u>NEW</u> Registered Agent: | COGENCY GLOBAL INC. | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 115 North Calhoun St., Suite 4 | |
| MOST DE LEORIDA STREET ADDRESS | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. | Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote | e of |
| /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 comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my performance of the control of the province of the | agree to act in this capacity. I further agree roper and complete performance of my dutie osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change | to S, n e 2. |

/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