## 118000004868

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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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:	01/25/2019			
	Merritt Walker			
	#:C023963			
Entity Name: OPENDOOR PROPERTY N LLC				
Articles of Incorporation/Authorization to Transact Business				
Amendment				
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized	d Amount: <b>\$25</b>			
Signature:	MM			

COGENCY GLOBALING NY NY 10016 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: OPENDOOF	PROPERTY N LLC			
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	405 Howard Street, Suite 550			
\ <del></del>	San Francisco, CA 94105			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	405 Howard Street, Suite 550			
(intermediate bases)	San Francisco, CA 94105			
5/22/2018	M18000004868 ;			
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:				
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)	115 North Calhoun St., Suite 4			
integral but be a second of the second of th	Tallahassee ,FL 32301			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote 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 a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po- Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this 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