## M7800000 8631

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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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		
	Merritt Walker		
	C023963	<del></del> _	
Entity Name	OPENDOO	R PROPERTY A LLC	
	es of Incorporation/Authorization		
Amei	ndment		
Change of Agent			
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
☐ Othe	r		
Authorized /	Amount: <b>\$25</b>		
Signature:	: WW		

+44 (0)20.3961.3080

## 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.

Name of the limited liability company: OPI	ENDOOR PROPERTY A LLC		
2. (a) Principal office address of limited liability of the AMIST RESTREET ADDRESS.	company: 405 Howard Street, Suite 550		
(Note: MUST BE STREET ADDRESS)	San Francisco, CA 94105		
(b) Mailing address of limited liability compan	>2 ← 1		
(Note: MAY BE POST OFFICE BOX)	San Francisco, CA 94105		
9/19/2018	M18000008631		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sh	own 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>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> COGENCY GLOBAL INC.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE	115 North Calhoun St., Suite 4		
MUST BE FLORIDA STREET ADDRE	Tallahassee ,FL 32301		
and the business office of the registered agent will liability company it is hereby confirmed that the c	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or		
/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 age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations Chapter 605, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company 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