To: 18506176383 From: 12147128131 Date: 06/22/21 Time: 1:10 PM Page: 01/02



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(((H210002450763)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (214)317-4754

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1/4

To: 18506176383 From: 12147128131 Date: 06/22/21 Time: 1:10 PM Page: 02/02

(((H21000245076 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l, Na	me of the limited liability company: REDFIN HOME S	SERVICI	ES LLC	
2. (a)		(t	o)	
(,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)
	1099 STEWART STREET SUITE 600		1099 STE	WART STREET SUITE 600
	SEATTLE, WA 98101	-	SEATTLE	E, WA 98101
	05/20/2021		M2100000	7207
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
), <u>(</u> a)	Registered Agent and Registered Office shown on the records of table NRAI SERVICES, INC.	he Florid	a Dept of Stat	ic
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u></u>	_
	PLANTATION , FL	33324		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered LEGALING CORPORATE SERVICES INC.	Office as	idress	FIL 2021 JUN 22 MARTI AHASSI
				FILED 22 AI 55LEJ
	NEW Registered Office Address 5237 SUMMERLIN COMMONS BLVD, SUITE 400			سائھ. ڪ
	FORT MYERS , FI	, 33907 , <u></u>		
chang agent was/w the art	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of fieles of organization or the operating agreement of the	register ability e of the lit limited	ompany, it nited liabili liability con	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
(buffrom Kappene authorized representative of a member	An	thony Kappt	Printed or typed name of signee
I here provis the ob to me notifie	where of a member of audionzed representative of a member of a member of accept the appointment as registered agent and agreements of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	ve to ac perforn d for in hereby c	et in this cap nance of my Chapter 60 confirm that	I footbay course to comply with the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00