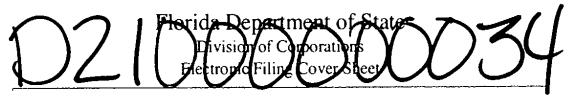
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000218714 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
	·	 	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ZILLOW HOMES PROPERTY TRUST

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

White I

Amendment to Declaration of Trust

(Pursuant to chapter 609- COMMON-LAW DECLARATIONS OF TRUST)

SECTION I (1-3 MUST BE COMPLETED)

D210	00000034	
	(Document number of trust (if known)	
ZILLOW HOMES PROPERTY TRUST		
(Name of tr	ust as it appears on the records of the Departm	ent of State)
Delaware	3	
(Incorporated under	aws of) (Date a	authorized to do business in Florida)
(4-7	SECTION H COMPLETE ONLY THE APPLICABLE (CHANGES)
	e trust, when was the change effected under th	e laws of its jurisdiction of
(If new name is unavailable in Florida, en	iter alternate corporate name adopted for the pr	urpose of transacting business in Florida
. If the amendment changes the period	d of duration, indicate new period of duration.	
	(New duration)	
. If the amendment changes the jurisd	liction of incorporation, indicate new jurisdicti	On.
. If the amendment changes the Juriso	ection of incorporation, indicate new jurisdicti	oit.
	(New jurisdiction)	
new registered agent and/or the new r	or registered office address in Florida, enter egistered office address:	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if	changing Registered Agent:	
I hereby accept the appointment as regis	tered agent. I am familiar with and accept th	e obligations of the position.
Signature of New Regi	stered Agent, if changing	

15612148442

9. If the amendment changes person, title or capacity in accordance with chapter 609, indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
Administrator	Signpost Homes, Inc.	1301 SECOND AVE, FL 13 SEATTLE, WA 98101	

			□Add
			©Remove
			□Add
			□Remove
			□Add
			DRemove
			□Add
			□Remove
0. Attached is a of the applica under the law	a certificate or document of similar import, e ation to the Department of State, by the Secret ws of which it is incorporated.	widencing the amendment, authenticated n ary of State or other official having custody	ot more than 90 days prior to deliver of corporate records in the jurisdiction
		and	
	(Signature of a direc a receiver or other c	tor, president or other officer - if in the har court appointed fiduciary, by that fiduciary)	nds of
Ashley C	Goldsmith	Attorney-in-Fac	<u> </u>
	(Typed or printed name of person signing)	(Title of pe	rson signing)

FILING FEE \$35.00