

ACCOUNT NO.

072100000032

REFERENCE

874259 7210568

AUTHORIZATION

ORDER DATE: October 24, 2000

ORDER TIME : 10:20 AM

ORDER NO. : 874259-080

400003440094--1

CUSTOMER NO: 7210568

CUSTOMER: Ms. Carol Walmsley

Homestore.com, Inc.

225 West Hillcrest Drive

Suite 100

Thousand Oaks, CA 91360

CHANGE OF AGENT

NAME: NATIONAL NEW HOMES CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0	0502, 617.0502, 607.150	08, or 617.1508, Florida Statutes,	
the undersigned submits the follo the State of Flor		change its registered off	ice or registered agent, or both, in	
1. The name of	the corporation is: National	New Homes Co., Inc.		
			,	
2. The mailing	address of the corporation is:			
		Thousand Oaks, CA 91		
3. Date of incom	poration/qualification: March	n 23, 2000 Dox	cument number: F0000001617	
4. The name an	d address of the current regist	tered agent and office:	8 8	
	NRAI Services, Inc.			
	526 East Park Avenue		—————————————————————————————————————	
	Tallahassee, Florida 32	301	26 SSEE	П
5. The name ar	nd address of the new register	ed agent and office: (P. (D. Box Not Acceptable)	C
•	Corporation Service Comp	any		
	1201 Hays Street			
	Tallahassee, Florida 323			
acent as chano	ed will be identical.		the business office of its registered	,
Such change vauthorized by t	as authorized by resolution the board.	duly adopted by its boar	rd of directors or by an officer so	
ans h	1. Rbett		10/16/00	
(Signatu	re of an officer, chairman or vice chai	rman of the board)	(Date)	
David Rosenbl	Att, Vice Presiden (Printed or typed name and t		_	
corporation, I I further agree performance o	amed as registered agent and hereby accept the appointmen to comply with the provision f my duties, and I am familiar	to accept service of pro	o the proper and complete	
reğistered age	nt.		Och or DAN	
By:	(Signature of Registered Agent)		(Date)	
If signing on beha	If of an entity:			
Bobbie Hall	·		Asst. Vice President	
	(Typed or Printed Name)		(Capacity)	
	¥**	ILING FEE: \$35.00 *	**	
CR2EO45(7/97)	Division of Corporations	P.O. Box 6327	TALLAHASSEE, FL 32314	