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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033

Fax Number

: (561)694-1639

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

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LLC REGISTERED AGENT CHANGE ZILLOW HOME LOANS, LLC

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M. SOLOMON

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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.

	arme of the limited liability company:		.			
2. (a)	10975 El Monte Street	(b) ¹⁰⁹⁷⁵ Е	Monte Street		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		~)	Mailing address of limit		
	Overland Park, KS 66211		Overland	J Park, KS 66211		
	04/21/2003	_	M0300000)1250	. <u></u> .	
. (a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.	<u> </u>	Document number		
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florid	Dept. of Su	ate:		
	Registered Office Address (MUST BE FLORIDASTREET	ADDRES:	5)	_	ين کمنه ۱۳۶۵ - د	2021
	PLANTATION, F	 L		_	CRETA	MAY
(0)	United Agent Group Inc.				SSEE SSEE	9
	Enter name of NEW Registered Agent and/or NEW Registere 801 US Highway 1	d Office ad	dress:	_	E STAT	PH 12: 00
	NEW Registered Office Address:	<u>_</u>		_	بخ مح	0
	North Palm Beach , Fl	33408		-		
ent wi is/weti	nited liability company is not organized under the last or changes are made, the Florida street address of the ll be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members des of organization or the operating agreement of the	ability cor	npany, it is	d the business office of the business of the b	of the regis	tered
		Ciem	a Mims- Att	omey-In-Fact		
	a of a mamban an area.			Printed or typed name of	simnee	
	e of a member or authorized representative of a member			Times of Types name of		
hereby ovision e obligi merely	e of a member of authorized representative of a member accept the appointment as registered agent and agris of all statutes relative to the proper and complete ations of my position as registered agent as provided reflect a change in the registered office address, I in writing of this change.	ee to act i performa i for in Cl iereby cor	n this capa ace of my a apter 605 afirm that t		-	with the d accept ing filed been