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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/11/2023 9:23 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Filing Fee: \$20	Amended Certificate of Assumed Name (Domestic or Foreign Business Entity)			AAN
Pursuant to the provisions of KF		ed applies to amend t	he certificate of assumed na	me and, for that
purpose, submits the following s				
1. The assumed name is Tru	(The name must be	identical to the name on	record with the Secretary of State	۵ ۱
2. The certificate of assumed n				1
3. The current principal office a	ddress (if any) is:			
1301 Second Aven	ue, Floor 31	Seattle	WA	98101
Street Address or Post Office Box No	ımber	City	State	Zip
4. The principal office address is	s hereby changed to:			
2600 Michelson Dr., Suite 834		Irvine	CA	92612
Street Address or Post Office Box Nu	ımbers	City	State	Zip
5. The current real name is Z	illow Group M (The name must be	arketplace, Ir	TC.	e.)
6. The real name is hereby cha	(The real name m		oon the records of the Secretary o of State. KRS 14A.3-010 (1))	f State from any
7. The changes in the identity of	of the partners are as f	ollows:		
I declare under penalty of perjui	ry under the laws of Ke	entucky that the forgo	ing is true and correct.	
MULA	Adia Myles		Special Secretary	The second secon
Signature of Applicant	Printed Name		Title	Date