Filing Fee: \$75.00

ID Number: \_109447]



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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

PECEIVED
PECRETARY OF STATE
PERSONATIONS DIV

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1,2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is MFTB, Inc.					
2.	It is incorporated under the laws of Washington					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on _03/19/2015, authorizing it to transact business in Rhode Island under the name of: MFTB, Inc.					
4.	The corporate name of the corporation has been changed to Zillow Ventures, Inc.					
	(If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island;					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change					
	FILED					
	JUL 0 1 2015					
	m No. 151 vised: 12/05					

	No	Total Number of Authorized Shares Change	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
8.	(a)	An estimate of the value of a is \$ 500,100.00	ill property to be own	ed by the corporation for	the following year, wherever located,		
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$						
	(c)	corporation to be located with	estimated value of the property of the or the value of all property of the%. [divide (b) by (a) and				
9.	(a)	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 14,000,000.00					
	(b)	An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $\frac{40,000.00}{10000000000000000000000000000000$					
	(c)	An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0.2857 %. [divide (b) by (a) and multiply by 100 to obtain the percentage]					
10.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.						
11.	This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 <sup>th</sup> day after the date of this filing						
Da	te: 🗓	June 26, 2015	i i s	examined this Application including any accomplicatements contained her Signature of Authorized	ry, I declare and affirm that I have n for Amended Certificate of Authority, anying attachments, and that all ein are true and correct.		
Bradley Owens, Secretary  Type or Print					Name of Authorized Officer		

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

