



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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BUS SVCS DIV  
2020 JUL 27 5 13 PM

### Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>001018683</b>	2. The name of the limited liability company is: <b>Acima Credit, LLC</b>
3. If the entity's name is changing, state the new name:  <input checked="" type="checkbox"/> Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <input checked="" type="checkbox"/> Check the box to indicate no change	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: <b>13907 S. Minuteman Drive 5th Floor, Draper, UT 84020</b>  <input type="checkbox"/> Check the box to indicate no change	
6. If the mailing address is changing complete the following section: <b>P.O. Box 1667, Draper, UT 84020</b>  <input type="checkbox"/> Check the box to indicate no change	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <input type="checkbox"/> Check the box to indicate an attachment  <input checked="" type="checkbox"/> Check the box to indicate no change	

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY BA3VB2

8. If the management structure has changed, complete the following section:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

Its member(s) (If you have checked this box, skip to Section 9. **DO NOT** fill out the chart on the next page.)

One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)

MANAGER	ADDRESS

Check the box to indicate no change

9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.

10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.

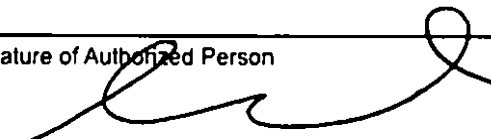
11. Date when this Amendment to the Application for Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Limited Liability Company	Date
Acima Credit, LLC	7/22/2020

Signature of Authorized Person  SIGN DOCUMENT HERE



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
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:

July 27, 2020 01:57 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

