

State of Rhode Island

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Department of State - Business Services Division

Application for Amended Certificate of Authority

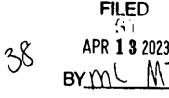
FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

1PR 13 D 12:32 Pursuant to the provisions of RIGL 7-1,2-1411, the undersigned foreign 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. Entity ID Number	2. The name of the corporation	n is :			
000790371	American Advisors Group				
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:			
California		5/17/2012			
 If the entity's name has changed, state the new name: 		Bloom Retirement Holdings Inc.			
		Check box to indicate no change			
6. The name, if different, whicl	h it elects to use in Rhode Island	t is:			
"incorporated," or "limited," or above corporate endings for u (b) If the corporate name is no corporation will transact busin application:	an abbreviation thereof, then lis ise in Rhode Island: ot available in Rhode Island, the ess in Rhode Island as stated in	ation does not contain the word "corporation," "company," t the name of the corporation with the addition of one of the n set forth below the fictitious name under which the n the "Fictitious Business Name Statement" to be filed with this			
7. If the entity's purpose is cha transacted in the State of Rhode		ection: *The new purpose should include ALL activity to be			
Check the box to indicate an a	attachment	Check 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



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 151 - Revised: 12/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
	<u> </u>	<u> </u>	<u> </u>		
			<u></u>		
Check the box to indicate	an attachment		Check	box to indicate no change $ imes$	
of the corporation to be lo	cated within this st pration to be owned	portion that the estimated valu ate during the following year be I during the following year, whe }	ears to the value	%	
Sh An estimate as a ner		portion of the gross amount of laces of business in Rhode Isl			
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

April 13, 2023 12:38 PM

Treng M. Course

Gregg M. Amore Secretary of State

