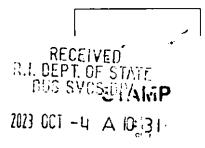
State of Rhode Island Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the ent	ity filing this application is:		
001760180	BDO USA, P.A.			
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
Limited Liability Company	Business Cor	poration Non-Profit Corporation		
Limited Partnership	Limited Liabili	ity Partnership		
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
Limited Liability Company (RIGL <u>7-16-52.1</u>) I Business Corporation (RIGL <u>7-1,2-1411.1</u>)				
Non-Profit Corporation (RIGL <u>7-6-80,1</u>) Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u>)				
Limited Liability Partnership (RIGL 7-12,1-1009)				
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:		
Rhode Island is: 07-12-2023		Virginia		
7. The name of the entity following the transfer of authority is:				
BDO USA, P.C.				
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY				
Application for registration for a Limited Liability Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Statement of registration for a Limited Partnership				
Statement of registration for a registered Limited Liability Partnership				
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good				
Standing/Legal Existence from the current jurisdiction of the entity.				

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

FILED's of OCT 04 2023 BY LKS

10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

Type or Print Name of Limited Liability Company	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Corporation	
BDO USA, P.A.	
Signature of Authorized Person	Date
lins	10/2/2023
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner Signature of Partner	Date Date
Signature of Partner	Date
Signature of Partner Signature of Partner	Date

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.

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:

October 04, 2023 10:31 AM

Treng M. Course

Gregg M. Amore Secretary of State

