

## **Application for Amended Certificate of Authority**

**FOREIGN Business Corporation** 

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

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:

are tonowing statement.				
1. Entity ID Number:	2. The name of the corporation	n is:		
000983063	Anned Forces Services Corporation			
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:		
Virginia		9.17.14		
5. If the entity's name has ch state the new name:	anged, Magellan Federal, Inc.			
		Check box to indicate no change		
	ch it elects to use in Rhode Islan			
(a) If the name of the corpora "incorporated," or "limited," o above corporate endings for	r an abbreviation thereof, then lis	ation does not contain the word "corporation," "company," It the name of the corporation with the addition of one of the		
(b) If the corporate name is r corporation will transact busi application:	not available in Rhode Island, the ness in Rhode Island as stated in	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 cl transacted in the State of Rhod		ection: *The new purpose should include ALL activity to be		
Check the box to indicate an	attachment	Check box to indicate no change X		
		M3 FILED 14 JAN 23 2024 BY 16-555		
MAIL TO: Division of Business Services		IANI 9. 9. 2024		
148 W. River Street, Providence,	Rhode Island 02904-2615			
Phone: (401) 222-3040 Website: www.sos.ri.gov		BY		

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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.

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List ALL authorized share NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR	STATE NO PAR VALUE
<u> </u>				
				ute indicate se chasse
Check the box to indicate ar				x to indicate no change
f the corporation to be loca	ted within this state d ition to be owned duri	ion that the estimated value luring the following year bea ing the following year, where	rs to the value	%
e transacted by the corporate following year compared	ation at or from place: I to the gross amount	ion of the gross amount of b s of business in Rhode Islar thereof which will be transa centage obtained from works	nd during icted by the	%
		nging indicate the new princ		
			ipal address:	k to indicate no change
). If the entity's principal pla	ce of business is cha		tipal address: Check box	x to indicate no change A
<ul> <li>If the entity's principal pla</li> <li>0. As required by RIGL <u>7-1</u></li> <li>1. Except as herein modified</li> </ul>	ce of business is cha <u>,2-105</u> , the corporation	nging indicate the new princ	check box Check box es. rity continues in full	force and effect and is
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<ul> <li>D. If the entity's principal pla</li> <li>10. As required by RIGL <u>7-1</u></li> <li>11. Except as herein modified and the entity confirmed, ratified and the entity confirmed, ratified and the Amended X. Date when the Amended Later effective date (Data 13. Under penalty of perjury)</li> </ul>	ce of business is cha <u>,2-105</u> , the corporation ed, the original Applicand incorporated by re d Certificate of Author ling) ate must be no more to <i>y</i> , I declare and affirm g attachments, and th	nging indicate the new princ on has paid all fees and taxe ation for Certificate of Autho ference into this Application rity will be effective: CHECK than 90 days from the date of that I have examined this A	Check box Check box es. rity continues in full for Amended Certifi ONE BOX ONLY of filing) pplication for Ameno herein are true and Di	force and effect and is icate of Authority. ded Certificate of Authori correct.

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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:

January 23, 2024 01:41 PM

Treng M. Course

Gregg M. Amore Secretary of State

