Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Sect ion 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

CHANGE AND INNOVATION AGENCY, L.L.C.

This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

З.	The limited liability company is organized under the law	vs of Missouri			
4.	The date of its organization is 06/16/2003				
5.	The period of duration of the limited liability company is	s (if perpetual, so state) perpetual		2013	ංසි
6.	The address of the limited liability company's resident agent in Rhode Island is:			JAN	
	222 Jefferson Boulevard, Suite 200	Warwick	. RI 02888	131	
	(Street Address, not P.O. Box)	(City/Town)	_, (Zip	CodejO	
	and the name of the resident agent at such address is	Corporation Service Company		3	
		(Name of Agen	t)	N	
7.	The secretary of state is appointed t he agent of the fo time there is no resident agent or if the resident agent o diligence.	reign limited liability com pany for cannot be found or served following	service of pro g the exercise	cess if at a of reason	any [™] able

8. The address of any office required to be maintained in t he state or other jurisdiction under the laws of which the limited liability company is organized is:

8908 N Glenwood Ave, Kansas City, MO 64157

9. The mailing address for the limited liability company is:

8908 N. GLENWOOD AVE, KANSAS CITY, MO 64157

Form No. 450 Revised: 07/12

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- 10. Management of the Limited Liability Company:
 - A. The limited liability company is to be managed ____ by its members. (If you have checked this box, go to item no. 11.)
 - <u>or</u>
 - B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filling of these Articles of Organization, state the name and address of each manager.)

Manager Address 8908 N. Glenwood Ave. Kansas City MO 6415; Ken Miller

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

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

01/25/13 Date:

CHANGE AND INNOVATION AGENCY, L.L.C.

Print Exact Name of Limited Liability Coggoany Making Application The By Signature of Authorized Person

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

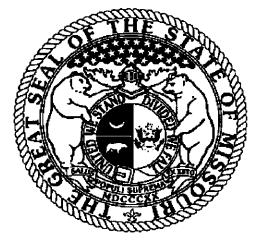
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CHANGE AND INNOVATION AGENCY, L.L.C. LC0526724

was created under the laws of this State on the 16th day of June, 2003, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of January, 2013

Secretary of State



Certification Number: 15161751-1 Reference: Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

