Filing Fee: \$75.00

ID Number: 000792413



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956; as amended, the undersigned 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.	The name of the corporation is Google Data Inc.							
2.	It is incorporated under the laws ofCalifornia							
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on $\frac{8/14/2012}{\text{Google Data Inc.}}$, authorizing it to transact business in Rhode Island under the name of:							
4.	The corporate name of the corporation has been changed to Google Insurance Services Inc.							
	(If no change, so indicate.)							
5.	The name, if different, which it elects to use in Rhode Island is:							
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:							
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:							
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:							
	(If no other or additional purposes are proposed, insert "No Change.")							
	No change							

Form No. 151 Revised: 12/05 FILED 1210

JUL 1 9 2013

3V 02201947

		Total Number of Authorized Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that	
	N	change	No change	No change	Shares are without Par Value No change	
8.	(a)	An estimate of the value is \$	of all property to be ov	wned by the corporation t	for the following year, wherever located,	
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$					
	(c)	corporation to be located	within this state during during during the following ye	a the following year bean	e estimated value of the property of the s to the value of all property of the%. [divide (b) by (a) and	
9.	(a)	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is				
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$					
	(c)	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is				
10.	Ex he	cept as herein modified, t reby confirmed, ratified an	he original Application of incorporated by refe	for Certificate of Author	ity continues in full force and effect and is on for Amended Certificate of Authority.	
11.	Thi	s Application for Amended	d Certificate of Authori	ty shall be effective upor	n filing unless a specified date is provided	
Date	9:	7.16.13		examined this Applicat including any accon	jury, I declare and affirm that I have ion for Amended Certificate of Authority, panying attachments, and that all erein are true and correct.	
			*************************************	Signature of A	uthorized Officer of the Corporation	
		-		Kenneth Yi Type or Pri	nt Name of Authorized Officer	