Filing Fee: \$75.00 ID Number: 00011704O



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

2017	ج
$\overline{\omega}$	
	25

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:

Rh	ode Island, and for that purpose submits the following statement:							
1.	The name of the corporation is Managers Distributors, Inc.							
2.	It is incorporated under the laws of							
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 $\frac{02/26/2001}{}$, authorizing it to transact business in Rhode Island under the name of: Managers Distributors, Inc.							
4.	The corporate name of the corporation has been changed to AMG Distributors, 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.")							
	Nochara							
	FILED ,							
	JAN 1 3 2017							

Form No. 151 Revised: 12/05 By X1293178

7.		nere has been an increase in luding the increase (If there			st the total number of authorized shares, ange");				
	no	Total Number of Authorized Shares change	<u>Class</u> no change	Series no change	Par Value or Statement that Shares are without Par Value no change				
8.	(a)	(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ no change							
	(b)	b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$_no change							
(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the proper corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is									
9.	(a)	An estimate of the gross am \$_no change	oration 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 the Rhode Island during the following year is \$ no change.									
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted 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%. [divide (b) by (a) and multiply by 100 to obtain the percentage]								
10.		Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.							
11.	 This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 								
Da	te: ᢩ	12/16/2016		examined this Application	ury, I declare and affirm that I have on for Amended Certificate of Authority, panying attachments, and that all rein are true and correct.				
				Jeffrey Cerutti, President	thorized Officer of the Corporation				
				Type or Prin	t Name of Authorized Officer				