No F	Iling Fee (See Instructions)	ID Number:	487055	
A A	STATE OF RHODE ISLAND AND PROVIDENCE Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615		IS 2017 FED	
	APPLICATION FOR TRANSFER OF AUT	THORITY		
·	CCI Corporate Services, LLC			
	(Insert full name of the entity following the tra	nsfer)	N S	
SECT	ION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY			
Pursu qualifi	ant to the applicable provisions of the Rhode Island General Laws, 19 ed foreign (<i>check one box only</i>):	56, as amended,	the undersigned duly	
	Non-Profit Corporation or Business Corporation or	Limited Liabil	ity Company <u>or</u>	
	Limited Partnership or Limited Liability Partnership			
submi	ts the following Application for the purpose of transferring its authority to a (check one box o	nly):	
	Limited Partnership <u>or</u> Limited Liability Company <u>or</u> Limited Liability Partnership <u>or</u> Non-Profit Corporation	Business Co	rporation <u>or</u>	
a.	The name of the entity filing this application for transfer is: CCI Corporate Services, Inc.			
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 11/03/2008			
C.	The jurisdiction upon transfer of authority: Delaware			
d,	The name of the entity following the transfer of authority is:			
	CCI Corporate Services, LLC			
e .	The application for transfer is filed as an accompanying certificate to the \Box certificate of registration for a limited partnership <u>or</u> \checkmark application for registration for a limited liability company <u>or</u> \Box application for certificate of authority for a business corporation <u>or</u> \Box application for certificate of authority for a non-profit corporation <u>or</u> notice of registration for a registered limited liability partnership (<i>check one box only</i>).			
f.	The application for transfer is accompanied by a certificate of good sta proper officer of the state or country under the proper officer of the state or country under the proper officer of the state or country under the proper officer of the state or country under the proper officer of the state or country under the proper officer of the state or country under the proper officer of the state o	anding or legal e	vistence issued by the	
Form 612 05/12	FEB 1 3 2017 2 ^{.117}	7		
	FEB 0 3 2017 2 ¹¹⁷ BY <u>Ca 294984</u>			

SECTION II: TO BE COMPLETED BY 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 in Section 1A.

nate: 1-31-2017		
Print Name of Other Entity	<u>QR</u>	Print Name of Partnership
y:		<u> </u>
Signature of Authorized Person		By: Signature of Partner
y:		Den
Signature of Authorized Person		By:Signature of Partner
		Ву:
		Signature of Partner
CI Corporate Services, Inc.		
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
1:	<u> </u>	Ву:
Signature of Authorized Person		Signature of Authorized Person
Signature of Authorized Person		Ву:
Signature of Authorized Person		Signature of Authorized Person



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

