RI SOS Filing Number: 201748288150 Date: 8/8/2017 1:53:00 PM

No Fil	ling Fee (See Instructions) ID Number	er: 80472		
	STATE OF RHODE ISLAND AND PROVIDENCE PLANTA Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615	R.I. DEPT. BUS S.Y. 2017 AUG8		
	APPLICATION FOR TRANSFER OF AUTHORITY	8 PH - 10		
Trimble				
	(Insert full name of the entity following the transfer)	53		
SECTION	ON I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY			
	ant to the applicable provisions of the Rhode Island General Laws, 1956, as amond foreign (check one box only):	ended, the undersigned duly		
	Non-Profit Corporation or ■ Business Corporation or ■ Limited	l Liability Company <u>or</u>		
	Limited Partnership or Limited Liability Partnership			
submits	s the following Application for the purpose of transferring its authority to a (check one	box only):		
	Limited Partnership or Limited Liability Company or Susine	ess Corporation or		
	Limited Liability Partnership or Non-Profit Corporation			
a.	The name of the entity filing this application for transfer is: Trimble Navigation Limited			
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island. 5/9/1994			
G.	The jurisdiction upon transfer of authority: Delaware			
d.	The name of the entity following the transfer of authority is: Trimble Inc.			
е	The application for transfer is filed as an accompanying certificate to the certificate			
	partnership or application for registration for a limited liability company or authority for a business corporation or application for certificate of authority for notice of registration for a registered limited liability partnership (check one box	or a non-profit corporation or		
f	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the croper officer of the state or country under the laws of which it is incorporated.			

Form 612 05/12 **FILED**

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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.

Date	2: 8/8/17				
Trim	ble Navigation Limited				
	Print Name of Other Entity	<u>OR</u>		Print Name of Partnership	
Ву:	Signature of Authorized Person		Ву:	Signature of Partner	
	Signature of Authorized Person			Signature of Partner	
Ву:	Signature of Authorized Person		By: Signature of Partner		
	Signature of Authorized Person				
			Ву:		
				Signature of Partner	
	Driet Name of Conservice	-			
	Print Name of Corporation	<u>OR</u>	•	Print Name of Limited Liability Company	
Ву	Signature of Authorized Person		Ву		
	Signature of Authorized Person			Signature of Authorized Person	
Ву _		_	Ву:		
	Signature of Authorized Person		-	Signature of Authorized Person	

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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:

August 08, 2017 01:53 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

