



**Department of State - Business Services Division**

## Application for Amended Certificate of Authority

**FOREIGN Business Corporation**

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign 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. Entity ID Number:  <b>001670949</b>	2. The name of the corporation is:  <b>Levolor, Inc.</b>
3. It is incorporated under the laws of:  <b>Delaware</b>	4. List the date the Certificate of Authority was issued by the RI Department of State:  <b>02/14/2017</b>
5. If the entity's name has changed, state the new name:  <div style="text-align: right;">Check box to indicate no change <input checked="" type="checkbox"/></div>	
6. 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 transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:   	
7. If the entity's purpose is changing complete the following section: <i>*The now purpose should include ALL activity to be transacted in the State of Rhode Island.</i>            	
Check the box to indicate an attachment <input type="checkbox"/>	Check box to indicate no change <input checked="" type="checkbox"/>

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone: (401) 222-3040**

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).**

FORM 151 - Revised: 12/2017

8. If there has been an increase in the authorized shares of the corporation complete the following section: <b>*List ALL authorized shares as of this amendment.</b>			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,500	CWP		\$0.10

Check the box to indicate an attachment <input type="checkbox"/>	Check box to indicate no change <input type="checkbox"/>
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8a. An estimate, as a percentage, of the proportion that the estimated value of the property of the 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. <i>(Note: Percentage obtained from worksheet.)</i>	NC _____ %
8b. An estimate, as a percentage, of the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>(Note: Percentage obtained from worksheet.)</i>	NC _____ %

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.		
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. Date when the Amended Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Name of Authorized Officer of the Corporation   <div style="text-align: right;">Taylor Page, Attorney-in-fact</div> </td> <td style="width: 30%;">           Date  <div style="text-align: center; font-size: 1.2em;">3/30/15</div> </td> </tr> </table>	Name of Authorized Officer of the Corporation  <div style="text-align: right;">Taylor Page, Attorney-in-fact</div>	Date <div style="text-align: center; font-size: 1.2em;">3/30/15</div>
Name of Authorized Officer of the Corporation  <div style="text-align: right;">Taylor Page, Attorney-in-fact</div>	Date <div style="text-align: center; font-size: 1.2em;">3/30/15</div>	
Signature of Authorized Officer <div style="text-align: center; font-size: 1.5em;">Taylor</div>		

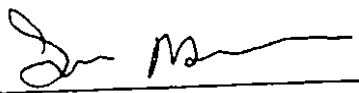
### Limited Power of Attorney

The undersigned Officer of Levolor, Inc. a Delaware entity ("the Company"), appoints Taylor Page as attorneyin fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Savannah Montalban, Special Secretary grants to the attorneyin fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations Network Inc., 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

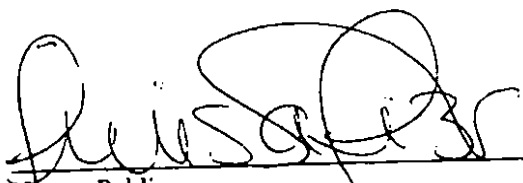
The undersigned has executed this Limited Power of Attorney effective as of this 30th day of March, 2018.

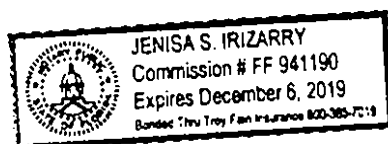
Levolor, Inc.

By:   
Name: Savannah Montalban  
Title: Special Secretary

STATE OF FLORIDA COUNTY  
OF PALM BEACH

Subscribed and sworn to before me this 30th day of March, 2018..

  
Notary Public





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:

April 02, 2018 12:52 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

