



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 APR 18 PM 12:24

Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001335104	2. The name of the limited liability company is: Divinshire Insurance Agency, LLC
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: c/o Parkowski, Guerke & Swayze, P.A., 116 W. Water Street, Dover, DE 19904 <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
6. If the mailing address is changing complete the following section: 401 Pennsylvania Pkwy, Suite 300, Indianapolis, IN 46280-1385, Attn: Compliance Dept. <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/></div>	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov


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BY

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8. If the management structure has changed, complete the following section.	
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)	
<input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)	
MANAGER	ADDRESS
Check the box to indicate no change <input checked="" type="checkbox"/>	
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.	
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.	
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Limited Liability Company	Date
Divinshire Insurance Agency, LLC	4/13 /2018
Signature of Authorized Person	
<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: right;">Paul A. Miller</div> </div>	