...

State of Rhode Island ar Department of St Application for Amer FOREIGN Business Corp → Filing Fee: \$75.00 (\$235 Pursuant to the provisions of RIGL Amended Certificate of Authority to the following statement:	SECRETARY OF STATE CORPORATIONS DIV			
1. Entity ID Number:	2. The name of the corporation	ioration is:		
000107665	PDT Architects, P	P.A.		
 3. It is incorporated under the Maine 5. If the entity's name has cha 		4. List the date the Certificate of Authority was issued by the RI Department of State:		
Check box to indicate no change				
6. The name, if different, which	n it elects to use in Rhode Island			
 (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 cha transacted in the State of Rhode	island.	action: <i>*The new purpose should include AL</i> Check box to ir	L activity to be dicate no change ✓	
MAIL TO: Division of Business Services 148 W. River Street, Providence, F Phone: (401) 222-3040 Website: www.sos.ri.gov	Rhode Island 02904-2615	FILED SEP 11:2018 12:5, BY KL 3P6 TG	STAMP	

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.

 If there has been an increase in the authorized shares of the corporation comp *List ALL authorized shares as of this amendment. 	lete the follow	wing section:			
NUMBER OF SHARES CLASS SERIES	PAR VALUE C	PAR VALUE OR STATE NO PAR VALUE			
Check the box to indicate an attachment	Check	hoy to indicate n			
8a. An estimate, as a percentage , of the proportion that the estimated value of th of the corporation to be located within this state during the following year bears to of all property of the corporation to be owned during the following year, wherever (Note: Percentage obtained from worksheet.)	the value	0	%		
8b. An estimate, as a percentage, of the proportion of the gross amount of busine be transacted by the corporation at or from places of business in Rhode Island du the following year compared to the gross amount thereof which will be transacted corporation during the following year. (<i>Note: Percentage obtained from workshee</i>)	0	%			
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: CHECK ONE BOX ONLY					
Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
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.					
Name of Authorized Officer of the Corporation		Date			
Brian M. Curley		9/5/1	8		
Signature of Authorized Officer					

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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:

September 11, 2018 12:51 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

