

Application for Amended Certificate of Authority

FOREIGN Business Corporation

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

Α th

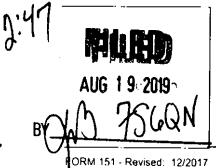
mended Certificate of Authorie following statement:	rity to transact business in the	State of Rhode Island, and for that purpose submits				
Entity ID Number:	2. The name of the co	orporation is:				
000139197	The Traf Grou	The Traf Group, Inc.				
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:				
New Jersey		4/1/2004				
5. If the entity's name has state the new name:	s changed, Waterfall Reven	iue Group, Inc.				
		Check box to indicate no change				
6. The name, if different,	which it elects to use in Rho	de Island is:				
incorporated," or "limited above corporate endings b) If the corporate name corporation will transact by application:	," or an abbreviation thereof for use in Rhode Island: is not available in Rhode Isl usiness in Rhode Island as	incorporation does not contain the word "corporation," "company," f, then list the name of the corporation with the addition of one of the land, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with this lowing section: *The new purpose should include ALL activity to be				
ransacted in the State of Rh	oode Island.	Owing Section. The new purpose should include ALL activity to be				
Check the box to indicate	an attachment	Check box to indicate no change				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: 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.



NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
heck the box to indicate a	n attachment [Chec	k box to indicate no chang	
a. An estimate, as a perce f the corporation to be loca f all property of the corpora Note: Percentage obtained	ated within this state of ation to be owned dur	during the following year t	pears to the value	0%	
b. An estimate, as a perce e transacted by the corpor le following year compared orporation during the follow	0 %				
As required by RIGL 7-1.	2-105, the corporation	n has paid all fees and ta	kes.		
Except as herein modificated as a series Except as a series Excep	ed, the original Applic nd incorporated by re	cation for Certificate of Au ference into this Applicati	thority continues in on for Amended C	full force and effect and is ertificate of Authority.	
1. Date when the Amended	Certificate of Author	rity will be effective: CHE	CK ONE BOX ONL	.Y	
✓ Date received (Upon fil	ing)				
Later effective date (Da	ate must be no more t	than 90 days from the dat	e of filing)		
nder penalty of perjury, I dicluding any accompanying	eclare and affirm that a attachments, and th	t I have examined this Appart all statements contained	olication for Amend ed herein are true a	ded Certificate of Authority	
ame of Authorized Officer of the Corporation				Date	
atricia Genovay				7/30/19	
ignature of Authorized Office	,	Sa Maria da Santa		<u> </u>	