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ions) ID Number: 000111057



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
rovidence, Rhode Island 02904-2615

2019 DEC 16 PMI

Providence, Rhode Island 02904-2615 APPLICATION FOR TRANSFER OF AUTHORITY JTH Tax, Inc. (Insert full name of the entity following the transfer) SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (check one box only): Business Corporation or Non-Profit Corporation or Limited Liability Company or Limited Partnership or Limited Liability Partnership submits the following Application for the purpose of transferring its authority to a (check one box only): Business Corporation or Limited Liability Company or Limited Partnership or Limited Liability Partnership or Non-Profit Corporation a. The name of the entity filing this application for transfer is: JTH Tax, Inc. b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 02/22/2000 c. The jurisdiction upon transfer of authority: Delaware d. The name of the entity following the transfer of authority is:

e. The application for transfer is filed as an accompanying certificate to the ____ certificate of registration for a limited partnership or ____ application for registration for a limited liability company or ____ application for certificate of authority for a business corporation or ____ application for certificate of authority for a non-profit corporation or ____ potice of registration for a limited liability partnership (check one how only)

notice of registration for a registered limited liability partnership (check one box only).

f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

Form 612 05/12

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JTH Tax LLC

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Signature of Authorized Person

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: 12/13/2019		
Print Name of Other Entity	 <u>OR</u>	Print Name of Partnership
By: Signature of Authorized Person		By:Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
		By: Signature of Partner
JTH Tax, Inc.		
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
Signature of Authorized Person		By: Signature of Authorized Person
By:Signature of Authorized Person	 -	By: 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:

December 16, 2019 12:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

