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## State of Rhode Island and Providence Plantations **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:	2. The name of the corporation is:				
001689321	iboss, 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:			
DE		10/19/2018			
<ol><li>If the entity's name has cha state the new name.</li></ol>	anged.				
		Check box to indicate no change			
	ch it elects to use in Rhode Island				
"incorporated," or "limited," or above corporate endings for u (b) If the corporate name is no corporation will transact busin application:	an abbreviation thereof, then lis use in Rhode Island: ot available in Rhode Island, the ness in Rhode Island as stated ir	ation does not contain the word "corporation," "company," t the name of the corporation with the addition of one of the n set forth below the fictitious name under which the n the "Fictitious Business Name Statement" to be filed with this			
transacted in the State of Rhode	Island	ection. •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.

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FORM 151 - Revised: 12/2017

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	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
144,000,000	Common		.01	.01	
25,125,860	Preferred	A & A-1	.01		
					<u> </u>
Check the box to indicat	e an attachment 🗌		Check	box to indicate r	10 change
of the corporation to be I	ocated within this stat	portion that the estimated value te during the following year bea during the following year, where	rs to the value	0	%
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> )				<1%	%
9 As required by RIGL 7	7-1.2-105, the corpora	tion has paid all fees and taxes	•		
10. Except as herein mo		plication for Certificate of Authory reference into this Application			
10. Except as herein mo hereby confirmed, ratifie	d and incorporated by	plication for Certificate of Autho	for Amended Ce	rtificate of Autho	
10. Except as herein mo hereby confirmed, ratifie	d and incorporated by ided Certificate of Aut	plication for Certificate of Authory reference into this Application	for Amended Ce	rtificate of Autho	
10. Except as herein mo hereby confirmed, ratifie 11. Date when the Amer	d and incorporated by ided Certificate of Aut n filing)	plication for Certificate of Authory reference into this Application	for Amended Ce	rtificate of Autho	
10. Except as herein mo hereby confirmed, ratifie 11. Date when the Amer Date received (Upo	d and incorporated by ided Certificate of Aut in filing) (Date must be no mo	plication for Certificate of Authory reference into this Application thority will be effective: CHECK	for Amended Cell ONE BOX ONLY of filing)	rtificate of Autho	rity.
10. Except as herein mo hereby confirmed, ratifie 11. Date when the Amer Date received (Upo	d and incorporated by ided Certificate of Aut n filing) (Date must be no mo ; I declare and affirm lying attachments, and	plication for Certificate of Authory reference into this Application shority will be effective: CHECK ore than 90 days from the date of thet I have examined this Applie d that all statements contained	for Amended Cell ONE BOX ONLY of filing)	rtificate of Author	rity
10. Except as herein mo hereby confirmed, ratifie 11. Date when the Amer Date received (Upo Later effective date Under penalty of perjury including any accompany Name of Authorized Offi	d and incorporated by ided Certificate of Aut n filing) (Date must be no mo ; I declare and affirm lying attachments, and	plication for Certificate of Authory reference into this Application thority will be effective: CHECK ore than 90 days from the date of that I have examined this Applie d that all statements contained	for Amended Cell ONE BOX ONLY of filing)	rtificate of Author	rity

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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:

March 12, 2020 09:33 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

