State of Rhode Island and Providence Plantations
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: **Velocity The Greatest Phone Company Ever, Inc.** 000487584 3. It is incorporated under the laws of: 4. List the date the Certificate of Authority was issued by the RI Department of State: Delaware 12/1/2008 5. If the entity's name has changed, Velocity, A Managed Services Company, Inc. state the new name: Check box to indicate no change 6. The name, if different, which it elects to use in Rhode Island is: (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 changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. Check the box to indicate an attachment

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.rl.gov.

MAR 1 3 2020

Check box to indicate no change

BY Ch AVC

FORM 151 - Revised: 12/2017

NUMBER OF SHARES	cLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate	an attachment 🔲		Check	k box to indicate no change	
Ba. An estimate, as a percept the corporation to be local of all property of the corporation. Percentage obtained to the corporation of the corpor	cated within this state or ration to be owned dur	furing the following year I	bears to the value	%	
bb. An estimate, as a percent transacted by the corporate following year compare corporation during the following	oration at or from place and to the gross amount	s of business in Rhode Is thereof which will be tra	sland during nsacted by the	%	
. As required by RIGL 7-1	.2-105, the corporation	n has paid all fees and ta	xos.		
0. Except as herein modi nereby confirmed, ratified	fied, the original Applic and incorporated by re	ation for Certificate of Au ference into this Applicat	thority continues in ion for Amended Ce	full force and effect and is ertificate of Authority.	
1. Date when the Amend	ed Certificate of Author	ity will be effective: CHE	CK ONE BOX ONL	.Y	
☑ Date received (Upon	filing)				
Later effective date (C	Pate must be no more	than 90 days from the da	te of filing)		
Under penalty of perjury, I ncluding any accompanyi	declare and affirm that ng atlachments, and th	t I have examined this Ap nat all statements contain	pplication for Amend ed herein are true a	led Certificate of Authority, and correct.	
Name of Authorized Office	r of the Corporation			Date	
James I. Rothschild, Exe	ecutive Vice Presiden	t & General Counsel		3/9/2020	
Signature of Authorized O		SIGN DOCUMENT HER		1	