



State of Rhode Island
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: 000099726	2. The name of the corporation is: Castle Edge Insurance Agency, Inc.
3. It is incorporated under the laws of: Massachusetts	4. List the date the Certificate of Authority was issued by the RI Department of State: 03-20-1998
5. If the entity's name has changed, state the new name: Realogy Insurance Agency, Inc.	
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: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>	
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

FILED

NOV 04 2020

STAFF:

11:54

~~BY~~ KSS4J

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.

8. If there has been an increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment ☐	Check box to indicate no change ☒
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8a. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)	_____ %
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. (Note: Percentage obtained from worksheet.)	_____ %

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.

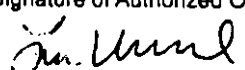
11. Date when the Amended Certificate of Authority will be effective: CHECK ONE BOX ONLY

☐ Date received (Upon filing)

☒ Later effective date (Date must be no more than 90 days from the date of filing) 11/09/2020

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 Lauren Underwood, Attorney-in-Fact	Date 10/22/2020
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Signature of Authorized Officer


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.

FORM 151 - Revised: 08/2020

Limited Power of Attorney

The undersigned Officer of **Castle Edge Insurance Agency, Inc.**, a Massachusetts entity ("the Company"), appoints Lauren Underwood as attorneyinfact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Sean Arno, Special Secretary grants to the attorneyinfact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 16th day of October, 2020.

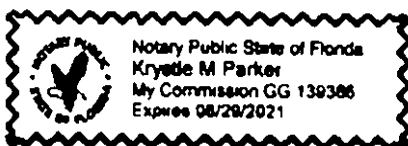
Castle Edge Insurance Agency, Inc.

By: 
Name: Sean Arno
Title: Special Secretary

STATE OF FLORIDA COUNTY OF
PALM BEACH

Subscribed and sworn to before me this 16th day of October, 2020.


Notary Public





State of Rhode Island

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,
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:

November 04, 2020 11:54 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

