

REGEIVED RELIDENT. OF STATE BUS SVCS DIV

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation LCC.

7-16-9

→ Filing Fee: \$50.00

2021 APR 22 PM 12: 13

		gned business corporation hereby		
the following statement for aut	hority to transact business i	n the state of Rhode Island under	a	
1. Entity ID Number: 2. The name of the Corporation is:				
	2. The hame of the Corporation's.			
1722374	Change AMC, LLC			
3. The fictitious business nam	ne to be used is:			
Change AMC				
The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
California		02/24/2010	02/24/2010	
6. The address of its registere	ed office within Rhode Island	d is:		
Street Address 222 Jefferson Blv	d. Suite 200			
City Warwick		State State	Zip 02888	
		RHODE ISLAND	V • (V)	
7. The business in which it is				
Appraisal Management Company				
8. Applicant is otherwise auth	orized to do business in the	state of Rhode Island.		
Under penalty of penjury, I de information contained herein		examined this Fictitious Business	Name Statement and that the	
Name of Authorized Officer of	f the Corporation		Date	
Michelle Kinder			4/19/2021	
Signature of Authorized Office	er of the Corporation		. <u></u>	
Michelles	Kyder			

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.

FORM 624A Corporation - Revised: 08/2020