



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001668289	FirstLine Title, LLC	Certificate of Fact - Name Change

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Chris Mayers

Business Name: COGENCY GLOBAL INC.

No. and Street: 45 SCHOOL STREET, SUITE 202

City or Town: BOSTON

State: MA

Zip: 02108

Country: USA

Contact Phone: ext:

Contact Email: cmayers@cogencyglobal.com