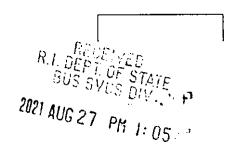
RI SOS Filing Number: 202100421190 Date: 8/27/2021 1:05:00 PM



Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration 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 limited liability company is: Suncrest Benefits, LLC 001696524 3. If the entity's name is changing, state the new name: Harbor Life Brokerage, LLC Check the box to indicate no change 3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is: 4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution Check the box to indicate no change X 5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: Check the box to indicate no change 6. If the mailing address is changing complete the following section: Check the box to indicate no change X 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 no change X 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 AUG 27 2021 STATE

AUG 27 2021 STATE

BY CA 745 V 1

8. If the management structure has changed, complete the following section:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX		
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)		
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)		
MANAGER	ADDRESS	
		 .
	0	
Check the box to indicate no change		
9. As required by RIGL <u>7-16-67</u> , the limited liability company has paid all fees and taxes.		
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.		
11. Date when this Amendment to the Application for Registration 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)		
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of Limited Liability		Date
Harbor Life Brokerage, LLC		08/26/2021
Signature of Authorized Person		
Michele Holden, Secretary		

RI SOS Filing Number: 202100421190 Date: 8/27/2021 1:05:00 PM



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:

August 27, 2021 01:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

