

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
001751595	Switch Origin LLC	Certificate of Fact - Name Change

Filer's Contact Information

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

Contact Name: <u>Cheyenne Moseley</u>
Business Name: <u>LegalZoom.com, Inc.</u>

No. and Street: $\underline{101\ N\ Brand\ Blvd\ 11th\ Fl}$

City or Town: Glendale State: CA Zip: 91203 Country: USA

Contact Phone: $\underline{800-773-0888}$ ext:

Contact Email: onlinefilings@legalzoom.com

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