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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.	2. The name of the corporation	n is LENOX FINANCIAL			
000163373	MORTGAGE CORPORATION				
3 It is incorporated under the laws of		4. List the date the Certificate of Authority was issued by the RI Department of State			
California		4/25/2007			
 If the entity's name has cha state the new name: 	^{nged.} SAGE HOME LOAN	SCORPORATION			
		Check box to indicate no change			
	n it elects to use in Rhode Island				
	an abbreviation thereof, then lis	ation does not contain the word "corporation," "company " I the name of the corporation with the addition of one of the			
(b) If the corporate name is no corporation will transact busing application.	t available in Rhode Island, the ess in Rhode Island as stated in	n set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to be filed with this			
transacted in the State of Rhode		ection The new purpose should include ALL activity to be			
Check the box to indicate an a	ittachment	Check box to indicate no change			
MAIL TO: Division of Business Services 148 W. River Street, Providence, F	Rhode Island 02904-2615	FILED JUN 1 6 2023 STAMP			
Phone: (401) 222-3040 Website: www.sos ri.gov		BY MALEJ 7XB			
	ease call us at (401) 222-3040 .m., or email corporations@s				

1023 JUN / ISTAMP

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NUMBER OF SHARES	CLASS	series	PAR VALUE OR STATE NO	PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate	an attachment		Check box to indi	cate no change 🖌	
of the corporation to be lo	cated within this state d	ion that the estimated value of luring the following year bears ing the following year, wherev	to the value	· %	
be transacted by the corp the following year compar	oration at or from place ed to the gross amount	on of the gross amount of bus s of business in Rhode Island thereof which will be transact entage obtained from workshi	during ed by the	%	
		nging indicate the new princip			
			Check box to indic	ate no change 🖌	
10 As required by RIGL 7	-1.2-105, the corporation	on has paid all fees and taxes.	Check box to indic	ate no change 🗹	
11 Except as herein mod	ified the original Applica	on has paid all fees and taxes ation for Certificate of Authorit ference into this Application fo	y continues in full force an	id effect and is	
11 Except as herein mod hereby confirmed, ratified	ified the original Applica and incorporated by re	ation for Certificate of Authorit	y continues in full force an r Amended Certificate of A	d effect and is	
11 Except as herein mod hereby confirmed, ratified	ified the original Applica and incorporated by rel led Certificate of Author	ation for Certificate of Authorit ference into this Application fo	y continues in full force an r Amended Certificate of A	id effect and is	
11 Except as herein mod hereby confirmed, ratified 11. Date when the Amend	ified the original Applica and incorporated by rel led Certificate of Authori filing)	ation for Certificate of Authorit ference into this Application fo	y continues in full force an r Amended Certificate of A NE BOX ONLY	id effect and is	
 11 Except as herein mod hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (I Under penally of perjury, I 	ified the original Applica and incorporated by re- led Certificate of Author filing) Date must be no more t I declare and affirm that	ation for Certificate of Authorit ference into this Application fo ity will be effective CHECK O	y continues in full force an r Amended Certificate of <i>F</i> NE BOX ONLY filing) <u>06/30/2023</u> ion for Amended Certifica	id effect and is Authority	
 11 Except as herein mod hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (I Under penally of perjury, I 	ified the original Applica and incorporated by rel led Certificate of Author filing) Date must be no more t I declare and affirm that ing attachments, and th	ation for Certificate of Authorit ference into this Application fo ity will be effective CHECK O han 90 days from the date of I have examined this Applicat	y continues in full force an r Amended Certificate of <i>F</i> NE BOX ONLY filing) 06/30/2023 ion for Amended Certifica- roin are true and correct	te of Authority	
 11 Except as herein mod hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (Inder penalty of perjury, Including any accompany) 	ified the original Applica and incorporated by re- led Certificate of Author filing) Date must be no more t I declare and affirm that ing attachments, and the er of the Corporation	ation for Certificate of Authorit ference into this Application fo ity will be effective CHECK O han 90 days from the date of I have examined this Applicat	y continues in full force an r Amended Certificate of <i>F</i> NE BOX ONLY filing) 06/30/2023 ion for Amended Certifica- roin are true and correct	id effect and is Authority	

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.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

June 16, 2023 12:21 PM

Treng M. Course

Gregg M. Amore Secretary of State

