RI SOS Filing Number: 202338610450 Date: 6/22/2023 12:13:00 PM



## Application for Amended Certificate of Authority

**FOREIGN Business Corporation** 

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

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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 is: 1686635 **Innovative Funding Services 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: Colorado 7/25/2018 5. If the entity's name has changed, state the new name: Check box to indicate no change X 6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 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.

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Check the box to indicate an attachment

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:13

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Check box to indicate no change

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 151 - Revised: 12/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE O	PAR VALUE OR STATE NO PAR VALUE .	
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Charletha haves indicate			Obs. and		
Check the box to indicate				box to indicate no change	
of the corporation to be los	cated within this state oration to be owned du	tion that the estimated valu during the following year b ring the following year, who	ears to the value	%	
be transacted by the corpo the following year compare	pration at or from place ed to the gross amoun	tion of the gross amount o es of business in Rhode Isl at thereof which will be tran centage obtained from wo	and during sacted by the	%	
9. If the entity's principal p	lace of business is cha	anging indicate the new pri	ncipal address:		
	9	9300 United Drive, Su	ite 180 Austin, T	X 78758	
			Check h	pox to indicate no change	
10. As required by RIGL 7	-1,2-105, the corporati	ion has paid all fees and ta		on to motodic no onenge	
11. Except as herein modi	fied, the original Applic	cation for Certificate of Autleference into this Application	hority continues in fu		
11. Date when the Amend	ed Certificate of Autho	rity will be effective: CHEC	K ONE BOX ONLY		
Date received (Upon	filing)				
Later effective date (0	Date must be no more	than 90 days from the date	e of filing)		
		nt I have examined this App hat all statements containe			
Name of Authorized Office	r of the Corporation			Date	
James E. Potts, Secretary				Jun 20, 2023	
Signature of Authorized O	fficer		•		
James Potts					

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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 22, 2023 12:13 PM

Gregg M. Amore Secretary of State

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