RI SOS Filing Number: 202338591470 Date: 6/22/2023 10:23:00 AM

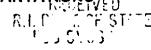
No Filing Fee (See Instructions)

ID Number: 001757877



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615



2023 JUN 22 A 10: 23

APPLICATION FOR TRANSFER OF AUTHORITY

(Insert full name of the entity following the transfer) SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (check one box only): Limited Liability Company or Business Corporation or Non-Profit Corporation or Limited Liability Partnership imited Partnership or submits the following Application for the purpose of transferring its authority to a (check one box only): **Business Corporation or** Limited Liability Company or Limited Partnership or Limited Liability Partnership or Non-Profit Corporation a. The name of the entity filing this application for transfer is: RighIT Solutions LLC b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 5/22/2023 c. The jurisdiction upon transfer of authority: Nevada d. The name of the entity following the transfer of authority is: RighIT Solutions LLC e. The application for transfer is filed as an accompanying certificate to the ____ certificate of registration for a limited partnership or 🖊 application for registration for a limited liability company or application for certificate of authority for a business corporation or | | | application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).

The application for transfer is accompanied by a certificate of good standing or legal existence issued by the

proper officer of the state or country under the laws of which it is incorporated.

Form 612 05/12

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FILED

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 6-21-2023			
Robin Jones			
Print Name of Other Entity	<u>OR</u>	Print Name of Partnership	
By: Redative Jetana Signature of Authorized Person	_	By:Signature of Partner	
By: Signature of Authorized Person		By:Signature of Partner	
		By:Signature of Partner	
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company	
By: Signature of Authorized Person	_	By: Signature of Authorized Person	
Ву:	_	Ву:	
Signature of Authorized Person		By:Signature of Authorized Person	

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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 10:23 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

