

State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

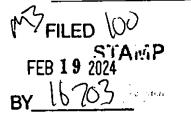
→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

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Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, 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:

ne following statement:					
1. Entity ID Number:	2. The name of the corporation	n is:			
120244	Lincoln BP Management Inc.				
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:			
Texas		09/07/2001			
5. If the entity's name has c state the new name:	hanged, Willow Bridge Manageme	nt, Inc.			
		Check box to indicate no change			
6. The name, if different, wh	nich it elects to use in Rhode Islan	d is:			
"incorporated," or "limited," above corporate endings fo (b) If the corporate name is corporation will transact bus application:	or an abbreviation thereof, then lis r use in Rhode Island: not available in Rhode Island, the siness in Rhode Island as stated ir	ation does not contain the word "corporation," "company," it the name of the corporation with the addition of one of the in 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 Rho	de Island.	ection: *The new purpose should include ALL activity to be			
Check the box to indicate a	an attachment	Check box to indicate no change X			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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.

		nent.		
NUMBER OF SHARES	CLASS SERIES		PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate a			Check box to indicate	e no change X
of the corporation to be loc	ated within this state or ration to be owned dur	ion that the estimated value of to luring the following year bears to ing the following year, wherever	o the value	%
be transacted by the corpo the following year compare	ration at or from place ad to the gross amoun	ion of the gross amount of busir s of business in Rhode Island d thereof which will be transacted centage obtained from workshee	uring	%
			Check box to indicate	e no change X
10. As required by RIGL 7-	-1.2-105, the corporati			
		on has paid all fees and taxes.		
hereby confirmed, ratified a	fied the original Applic	on has paid all fees and taxes. ation for Certificate of Authority ference into this Application for	continues in full force and e Amended Certificate of Aut	effect and is hority.
hereby confirmed, ratified	fied, the original Applic and incorporated by re	ation for Certificate of Authority	Amended Certificate of Aut	effect and is hority.
hereby confirmed, ratified 11. Date when the Amende X Date received (Upon	fied, the original Applic and incorporated by re ed Certificate of Autho filing)	ation for Certificate of Authority eference into this Application for rity will be effective: CHECK ON	E BOX ONLY	effect and is hority.
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hereby confirmed, ratified 11. Date when the Amender Date received (Upon Later effective date (E Under penalty of perjury, I including any accompanying	fied, the original Applic and incorporated by re ed Certificate of Autho filing) Date must be no more declare and affirm tha ng attachments, and th	ation for Certificate of Authority ference into this Application for rity will be effective: CHECK ON than 90 days from the date of fil t I have examined this Application	IE BOX ONLY	
 hereby confirmed, ratified 11. Date when the Amende X Date received (Upon Later effective date (E Under penalty of perjury, I including any accompanying Name of Authorized Office 	fied, the original Applic and incorporated by re ed Certificate of Autho filing) Date must be no more declare and affirm tha ng attachments, and to er of the Corporation	ation for Certificate of Authority ference into this Application for rity will be effective: CHECK ON than 90 days from the date of fil t I have examined this Application	ing) on for Amended Certificate ein are true and correct.	
hereby confirmed, ratified 11. Date when the Amende X Date received (Upon Later effective date (D Under penalty of periury, I	fied, the original Applic and incorporated by re ed Certificate of Autho filing) Date must be no more declare and affirm that ng attachments, and the or of the Corporation ANT SECRETARY	ation for Certificate of Authority ference into this Application for rity will be effective: CHECK ON than 90 days from the date of fil t I have examined this Application	ing) on for Amended Certificate ein are true and correct.	

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:

February 19, 2024 01:00 PM

Treng M. Course

Gregg M. Amore Secretary of State

