

## **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 <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

he following statement		mode idiana, and for that purpose submits				
Entity ID Number:	2. The name of the corporation is:					
000073296	Buyers Vehicle Protection Plan, 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.				
МІ		07-14-1993				
5. If the entity's name has ch state the new name:	anged,					
		Check box to indicate no change				
6. The name, if different, which	ch it elects to use in Rhode Islan	d is:				
above corporate endings for  (b) If the corporate name is n corporation will transact busin application:	use in Rhode Island: ot available in Rhode Island, the ness in Rhode Island as stated ii	in set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to be filed with this ection: "The new purpose should include ALL activity to be				
transacted in the State of Rhode	Island.					
Check the box to indicate an	attacililent	Check box to indicate no change ✓				
		FILED IN IN				

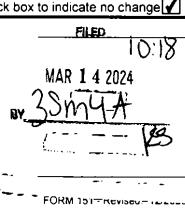
## MAIL TO:

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.



*List ALL authorized shall number of shares	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE		
50,000	Common		\$1.00	\$1.00		
					<del></del>	
Check the box to indicate an attachment				Check box to indicate no change		
of the corporation to be le	ocated within this state oration to be owned du	tion that the estimated value during the following year be iring the following year, whe	ars to the value	0	%	
be transacted by the corp the following year compa	poration at or from place ared to the gross amour	tion of the gross amount of less of business in Rhode Islant thereof which will be transcentage obtained from work	nd during acted by the	5	%	
			Check	box to indicate	no change	
10. As required by RIGL	<u>7-1.2-105,</u> the corporat	ion has paid all fees and tax	es.		_	
<ol> <li>Except as herein mode hereby confirmed, ratified</li> </ol>	dified, the original Applied and incorporated by re	cation for Certificate of Authoreference into this Application	ority continues in for Amended Ce	full force and e	ffect and is nority.	
12 Date when the Amen	ded Certificate of Author	ority will be effective: CHECH	ONE BOX ONL	.Y		
Date received (Upor	n filing)					
Later effective date	Date must be no more	than 90 days from the date	of filing)		<del> </del>	
		n that I have examined this A hat all statements contained			ate of Authority,	
Name of Authorized Offic	er of the Corporation			Date		
Erin J Kerber				3/6/2024		
Signature of Authorized (	Officer					