

Application for Amended Certificate of Authority

FOREIGN Business Corporation

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

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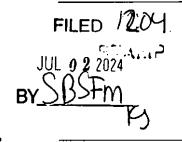
		aned foreign corporation hereby applies for an				
Amended Certificate of Author the following statement:	ity to transact business in the	e State of Rhode Island, and for that purpose submits				
1. Entity ID Number:	2. The name of the co	2. The name of the corporation is:				
000071046	TP1, Inc.	TP1, 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:				
Delaware		01-15-1993				
5. If the entity's name has state the new name:	changed, Senvias, Inc.					
		Check box to indicate no change				
6. The name, if different, v	which it elects to use in Rho	ode Island is:				
"incorporated," or "limited, above corporate endings for the corporate name is corporation will transact be application:	" or an abbreviation thered for use in Rhode Island: s not available in Rhode Is usiness in Rhode Island as	f incorporation does not contain the word "corporation," "company," of, then list the name of the corporation with the addition of one of the sland, then set forth below the fictitious name under which the s stated in the "Fictitious Business Name Statement" to be filed with this obliowing section: *The new purpose should include ALL activity to be				
transacted in the State of Rh		Silowing Section. The new purpose should include ALL activity to be				
Check the box to indicate	an attachment	Check box to indicate no change				

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.



8. If there has been an increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.						
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE		
Check the box to indicate	an attachment		Check	s box to indicate no change		
8a. An estimate, as a perconfithe corporation to be loconfall property of the corporation (Note: Percentage obtained)	cated within this state ration to be owned du	during the following year	bears to the value	%		
8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)						
9. As required by RIGL 7-1,2-105, the corporation has paid all fees and taxes.						
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.						
11. Date when the Amended Certificate of Authority will be effective: CHECK ONE BOX ONLY						
X Date received (Upon Later effective date (E	•	e than 90 days from the da	ite of filing)			
12. Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.						
Name of Authorized Officer of the Corporation				Date		
Jerry Lavine				July 1, 2024		
Signature of Authorized O	fficer					
Jerry Lawine						