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State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

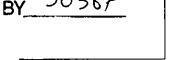
FOREIGN Business Corporation

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

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:

1. Entity ID Number:	2. The name of the corporation is:				
001773989	Impact Asset Corp.				
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		05-17-2024			
5. If the entity's name has char state the new name:	^{nged,} ACT Education Corp	· · · · · · · · · · · · · · · · · · ·			
		Check box to indicate no change			
6. The name, if different, which	n it elects to use in Rhode Island	J is:			
	an abbreviation thereof, then lis	ation does not contain the word "corporation," "company," t the name of the corporation with the addition of one of the			
		n set forth below the fictitious name under which the i the "Fictitious Business Name Statement" to be filed with this			
7. If the entity's purpose is cha transacted in the State of Rhode		ection: *The new purpose should include ALL activity to be			
Check the box to indicate an a		Check box to indicate no change			
MAIL TO:		M3FILED 1206			
Division of Business Services 148 W. River Street, Providence, F Phone: (401) 222-3040 Website: www.sos.ri.gov	Rhode Island 02904-2615	JUL -5 2024 ? BY 30367			

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.



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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.						
	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE			
Check the box to indicate a	in attachment		Check box	x to indicate no change		
8a. An estimate, as a percentage , of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)						
8b. An estimate, as a perc be transacted by the corpo the following year compare corporation during the follo	%					
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						
 Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date 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				te		
Janet Godwin, President				20/2024		
Signature of Authorized Officer Jourson and by: Janut Godwin						

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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:

July 05, 2024 12:06 PM

Treng M. Course

Gregg M. Amore Secretary of State

