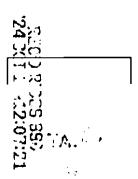
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State of Rhode Island
Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

* * *	<u> </u>			
1. Entity ID Number:	2. The full name of the ent	ity filing this application is:	•	
000113394	Event Services, Inc.			
3. The applicant is a duly qualified	foreign: (CHECK ONE BO	X ONLY)		
Limited Liability Company	✓ Business Cor	poration Non-Profit Corporation		
Limited Partnership	Limited Liabili	ity Partnership		
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
✓ Limited Liability Company (RIGL <u>7-16-52.1</u>)		Business Corporation (RIGL 7-1.2-1411.1)		
Non-Profit Corporation (RIGL <u>7-6-80.1</u>)		Limited Partnership or Limited Liability Limited Partnership		
(RIGL <u>7-13,1-1009</u>) Limited Liability Partnership (RIGL <u>7-12,1-1009</u>)				
5. The date the applicant qualified	·	6. The jurisdiction upon transfer of authority is:	—	
Rhode Island is: 07/10/2000		Delaware	Andrews of In	
7. The name of the entity following	the transfer of authority is:			
Event Services, LLC				
8. The application for transfer of authority is filed as an accompanying certificate to the CHECK ONE BOX ONLY				
✓ Application for registration for				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Co		orporation	4	
Statement of registration for a Limited Partnership				
Statement of registration for a registered Limited Liability Partnership				
9. This Transfer of Authority and a	pplicable Application/Certifi	icate/Notice must be accompanied by a Certificate of	Good `	
Standing/Legal Existence from the	e current jurisdiction of the e	entity.	e orașinic-e o	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 1 2024

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10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Appli ing any accompanying attachments, and that all statements contained herein are tr is authorized to sign this certificate on behalf of the entity set forth above.		
Type or Print Name of Limited Liability Company		
		essor :
Signature of Authorized Person .	Date	2597 -
Signature of Authorized Person	Date	71 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Type or Print Name of Corporation		e sign
Event Services, Inc.		<u></u>
Signature of Authorized Person	Date	5.17
Ruler: Hillor: (Sep 24, 2024 16 06 EDT)	09/24/2024	de la
Signature of Authorized Person	Date	
Type or Print Name of Partnership		i si balgin
		1.177 a 1.7 1.48
Signature of Partner	Date	era ina e
Signature of Partner	Date	
Signature of Partner	Date	La marina di seniona d
Signature of Partner Type or Print Name of Other Entity	Date	Lamber of the Control
	Date	Section 2 and 2 an

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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:

October 01, 2024 12:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

