



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Certificate of Amendment**

(Section 7-13-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership is MCGRAW INSURANCE SERVICES L.P.

If the partnership's name is changing, state the new name: MCGRAW INSURANCE SERVICES L.P.

If the limited partnership is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

A Certificate of Registration was issued to the limited partnership by the Office of the Secretary of State of the State of Rhode Island on 3/19/2015, authorizing it to transact business in Rhode Island under the name of

ARTICLE III

The Application for Certificate of Registration is amended as follows, including, if applicable, a change made in Article I:

If the general character of the business that the limited partnership proposes to transact in Rhode Island is changing, so state:

INSURANCE AGENCY AND OR BROKERAGE

If the principal office of the limited partnership is changing, so state:

No. and Street: CORPORATION TRUST CENTER
1209 ORANGE STREET

City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

If the mailing address of the limited partnership is changing, so state:

No. and Street: 2200 GENG ROAD, SUITE 200

City or Town: PALO ALTO State: CA Zip: 94303 Country: USA

If there is a change in the general partners of the limited partnership, modify the following section:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	WESTERN SERVICE CONTRACT CORP.	3601 HAVEN AVENUE MENLO PARK, CA 94025 USA

If there are any other provisions to be amended, so state:

Signed this 8 Day of June, 2016 at 6:28:42 PM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

MCGRAW INSURANCE SERVICES L.P.

Exact Name of Limited Partnership Making Application

By CARLEEN DRISCOLL
General Partner

Form No. 352
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

