

State of Idaho

Office of the Secretary of State

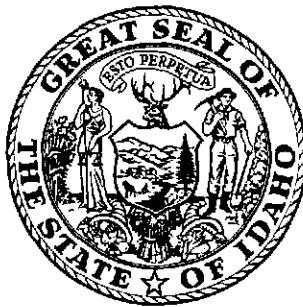
**AMENDED CERTIFICATE OF REGISTRATION
OF
TOWERS ADMINISTRATORS, INC.**

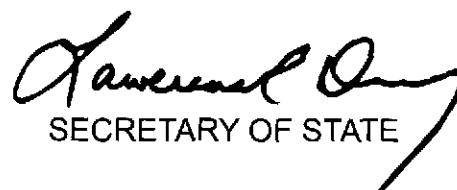
File Number C 194784

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an Application for Amended Foreign Registration has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Foreign Registration to transact business in this State and attach hereto a duplicate of the application for such amended certificate.

Dated: April 3, 2017




Lawrence Denney
SECRETARY OF STATE

By 



AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2017 APR -3 AM 10:30

SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: Towers Administrators, Inc.

2. The entity name is amended to: _____

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

3. The entity type is amended to:

- | | |
|--|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |

Other: _____

(Provide unlisted foreign entity type here)

4. The entity's jurisdiction is amended to: _____

5. The street and mailing address(es) of its principal office is amended to:

4510 Cox Rd., Ste 111, Glen Allen, VA 23060

(Street Address)

(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

(Name) _____ (Capacity) _____ (Address) _____

(Name) _____ (Capacity) _____ (Address) _____

Typed Name: Emma Parrish

Signature: 

Capacity: Treasurer

Secretary of State use only

IDaho SECRETARY OF STATE

04/03/2017 05:00

CK:1401 CT:337212 BH:1576808
1@ 30.00 = 30.00 AMD FOR RE #2
1@ 20.00 = 20.00 EXPEDITE C #3

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