



0004503540

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***AMENDMENT OF FOREIGN REGISTRATION
STATEMENT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0004503540

Date Filed: 11/22/2021 9:15:11 AM

| Amendment of Foreign Registration Statement | | | | | | | | | | | |
|---|---|--|------|-------|---------|---|---------|--|---|---------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Same Day Service (+\$100; filing fee \$130) | | | | | | | | | |
| The name of the entity as currently registered with the Idaho Secretary of State is: | | | | | | | | | | | |
| Entity Name in Idaho: | MotoRefi Insurance Solutions, LLC | | | | | | | | | | |
| Entity Name in Home Jurisdiction: | MotoRefi Insurance Solutions, LLC | | | | | | | | | | |
| Home Jurisdiction: | VIRGINIA | | | | | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0004438007 | | | | | | | | | | |
| Entity Type: | Limited Liability Company (F) | | | | | | | | | | |
| Entity Subtype | LLC Subtype | | | | | | | | | | |
| | Foreign Limited Liability Company | | | | | | | | | | |
| The new name to be used in Idaho is: | | | | | | | | | | | |
| LLC Name: | Caribou Insurance Services, LLC | | | | | | | | | | |
| The entity name in its home jurisdiction is/ or is amended to: | | | | | | | | | | | |
| Entity Name: | Caribou Insurance Services, LLC | | | | | | | | | | |
| The street address of the principal office is amended to: | | | | | | | | | | | |
| Principal Office Address | 1717 RHODE ISLAND AVE NW SUITE 500 WASHINGTON, DC 20036 | | | | | | | | | | |
| The mailing address of the principal office is amended to: | | | | | | | | | | | |
| Mailing Address | LEGAL 1717 RHODE ISLAND AVE NW STE 500 WASHINGTON, DC 20036-3023 | | | | | | | | | | |
| The name, capacity and mailing address of the governor(s) is amended to: | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> Eric Stradley</td><td>Manager</td><td>1717 RHODE ISLAND AVE NW STE 500 WASHINGTON, DC 20036-3023</td></tr><tr><td><input checked="" type="checkbox"/> Jason Fromm</td><td>Manager</td><td>1717 RHODE ISLAND AVE NW SUITE 500 WASHINGTON, DC 20036</td></tr></tbody></table> | | | Name | Title | Address | <input checked="" type="checkbox"/> Eric Stradley | Manager | 1717 RHODE ISLAND AVE NW STE 500 WASHINGTON, DC 20036-3023 | <input checked="" type="checkbox"/> Jason Fromm | Manager | 1717 RHODE ISLAND AVE NW SUITE 500 WASHINGTON, DC 20036 |
| Name | Title | Address | | | | | | | | | |
| <input checked="" type="checkbox"/> Eric Stradley | Manager | 1717 RHODE ISLAND AVE NW STE 500 WASHINGTON, DC 20036-3023 | | | | | | | | | |
| <input checked="" type="checkbox"/> Jason Fromm | Manager | 1717 RHODE ISLAND AVE NW SUITE 500 WASHINGTON, DC 20036 | | | | | | | | | |
| The amendment must be signed by an officer or director of a corporation, a member or manager of an LLC, or a partner of an LP. | | | | | | | | | | | |
| <i>Eric Stradley</i> | | <i>11/22/2021</i> | | | | | | | | | |
| Sign Here | | Date | | | | | | | | | |
| Job Title: Manager | | | | | | | | | | | |

B0664-1035 11/22/2021 9:15 AM Received by ID Secretary of State Lawrence Denney

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Caribou Insurance Services, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on August 30, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 19, 2021

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission