



**COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE**

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/3/2022 10:35 AM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Amended Certificate of Authority
(Foreign Business Entity)**

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:

<input checked="" type="checkbox"/> profit corporation <input type="checkbox"/> professional service corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> professional limited liability company <input type="checkbox"/> limited cooperative association <input type="checkbox"/> other	<input type="checkbox"/> nonprofit corporation. <input type="checkbox"/> business trust <input type="checkbox"/> limited partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> non-profit LLC
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2. The name of the company is: User Testing, Inc.
 (The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of California.
4. The entity received authority to transact business in Kentucky on 12/6/2019.
5. The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>UserTesting, Inc.</u>
<input type="checkbox"/> Name to be used in Kentucky to _____
<input checked="" type="checkbox"/> Jurisdiction of organization to <u>Delaware</u>
<input type="checkbox"/> Period of duration _____
<input type="checkbox"/> Form of organization _____
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Mona Sabet	Secretary	9/28/2022
Signature of Authorized Representative	Printed Name	Title	Date