



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 8/15/2023 1:31 PM
 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 and 271B, 273, 274, 275, 362 or 386 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:

- The business entity is:

<input checked="" type="checkbox"/> profit corporation (KRS 271B)	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275)	<input type="checkbox"/> statutory trust (KRS 386)
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC (KRS 275).
<input type="checkbox"/> cooperative association	
- The name of the company is: OPENLANE, Inc.
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of DE.
- The entity received authority to transact business in Kentucky on 08/29/2016.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>OPENLANE US, Inc.</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>OPENLANE US, Inc.</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input type="checkbox"/> Form of organization _____
<input type="checkbox"/> Management type: <input checked="" type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates: County: _____	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

Chuck Coleman

Signature of Authorized Representative

Charles S. Coleman
 Printed Name

Secretary
 Title

07-Aug-2023
 Date

FILING INSTRUCTIONS
APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

TYPE OF FORMATION

The entity must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

The document must be signed by an authorized agent.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.