



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams  
Kentucky Secretary of State  
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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 type="checkbox"/>            | profit corporation                     | <input type="checkbox"/> | nonprofit corporation. |
| <input type="checkbox"/>            | professional service corporation       | <input type="checkbox"/> | business trust         |
| <input checked="" type="checkbox"/> | limited liability company              | <input type="checkbox"/> | limited partnership    |
| <input type="checkbox"/>            | professional limited liability company | <input type="checkbox"/> | statutory trust        |
| <input type="checkbox"/>            | limited cooperative association        | <input type="checkbox"/> | non-profit LLC         |
| <input type="checkbox"/>            | other                                  |                          |                        |
2. The name of the company is: BRIDGEPOINT RISK MANAGEMENT LLC  
(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 DELAWARE.
4. The entity received authority to transact business in Kentucky on 10/15/2012.
5. The entity has changed its (check all that apply)
- ☐ Domicile name to \_\_\_\_\_
- ☐ Name to be used in Kentucky to \_\_\_\_\_
- ☒ Jurisdiction of organization to CALIFORNIA
- ☐ Period of duration \_\_\_\_\_
- ☐ Form of organization \_\_\_\_\_
- ☐ Management type: ☐ Member managed ☐ 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.

	Jennifer E. Baumann	Secretary	05/19/2022
Signature of Authorized Representative	Printed Name	Title	Date