



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

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/9/2023 11:02 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 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: TELEFONICA USA, 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 FL.
- The entity received authority to transact business in Kentucky on 02/22/2012.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>TELEFONICA GLOBAL SOLUTIONS USA, INC.</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>TELEFONICA GLOBAL SOLUTIONS USA, 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: _____

To complete the following, please shade the box completely.

Please indicate the size of your business:

☐ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

☐ Women-Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☐ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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

Joanna Romano
Signature of Authorized Representative

Joanna Romano
Printed Name

Secretary
Title

12/13/2022
Date