



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/13/2024 2:42 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.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:

- The business entity is:

<input checked="" type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input 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	
- The name of the company is: Stuart C. Irby Company
(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 Mississippi.
- The entity received authority to transact business in Kentucky on 3/24/1980.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>Stuart C. Irby Company, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Stuart C. Irby Company, LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>
<input checked="" type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed
- 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.

<u>Peter Bruhn</u>	Peter Bruhn	Manager	05/09/2024
<small>Peter Bruhn (May 9, 2024 14:41 EDT)</small>			
Signature of Authorized Representative	Printed Name	Title	Date



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

STUART C. IRBY COMPANY, LLC

Registered the 16th day of June, 1926

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

And that the registered agent at that address is:

C T CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 8th day of May, 2024

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN24188602

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>