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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/5/2023 12:44 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)	WI	FE
business entity named below an	S 14A - 030 the undersigned applies for a ced, for that purpose, submits the following state	ements:	
1. The name of the business en	tity is Sodexo Vending Serv (The name must be identical to the name	on record with the Secretary	of State.)
2. The state or country of forma			·
	orward to the business entity at the following discommits to notify the Secretary of State of a		
9801 Washingtonian B	oulevard Gaithersburg	MD	20878
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	nsacting business in the Commonwealth and it to KRS 14A.9-010(7) the business entity is of the Department of Insurance. the authority of its registered agent to accept is its agent for service of process in any process to transact business in the Commonwealth.	a foreign insurer with a cert service of process on its be eeding based on a cause of	ehalf and action arising
of State in the future of any char		,	,
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgoing	j is true and correct.	
8	Saray Djidji, S	pecial Manager	09/05/2023
Signature of Authorized Represer	tative Printed Name		Date