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mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 1/23/2024 2:16 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following s		al on behalf of the
1. The name of the business en	tity is ACIMA SOLUTIONS, LLC		
	(The name must be identical to the nar	ne on record with the S	Secretary of State.)
2. The state or country of format	tion is		
3. The Secretary of State may for	orward to the business entity at the following commits to notify the Secretary of State of	ng street address any p of any future changes t	process served to this address:
5501 Headquarters Dr.	Plano	TX	75024
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	the authority of its registered agent to access its agent for service of process in any property to transact business in the Commonwealting in its mailing address.	ept service of process	on its behalf and cause of action arising
I declare under penalty of porium	y under the laws of Kentucky that the forgo	sing is true and correct	+ .
O O A	, under the laws of Kentucky that the lorgo	ing is true and correct	,*
Sean Cameunto	KARA KOROSEC	, MANAGER	01/11/2024
Signature of Authorized Represer	ntative Printed Name		Date