0769817.09 Michael G. Adams

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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 c I, for that purpose, submits the following st		n behalf of the
. The name of the business ent	ity is Synergy Services, Inc. (The name must be identical to the name	ne on record with the Secr	etary of State.)
. The state or country of format	ion is		
 The Secretary of State may for on the Secretary of State and 	nward to the business entity at the following commits to notify the Secretary of State of	g street address any proc f any future changes to th	ess served his address:
127 Tanner Rd.	Greenville	South Carolina	29607
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

I declare under penalty of perjury under the Jaws of Kentucky that the forgoing is true and correct.

10/01/2023 Christian Marcoux Date **Printed Name** Signature of Authorized Representative