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Michael G. Adams
Kentucky Secretary of State
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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

Pursuant to the provisions of KRS 14A - 030 the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The name of the business entity is Urovant Sciences, Inc.
(The name must be identical to the name on record with the Secretary of State.)

2. The state or country of formation is DE.

3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:

84 Waterford Dr	Marlborough	MA	01752
Street Address (No Post Office Box 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 laws of Kentucky that the forgoing is true and correct.

/s/Tsutomu Nakagawa	Tsutomu Nakagawa	7/26/2023
Signature of Authorized Representative	**Printed Name**	**Date**

(02/23)