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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/12/2024 10:36 AM Fee Receipt: \$40.00

**WFE** 



## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Withdrawal** 

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign B	usiness Entity)		
Pursuant to the provisions of KR business entity named below and	l, for that purpose,	submits the following stat	ements:	
1. The name of the business en	ity is MUFG A	MERICAS LEAS	ING & FINAN	ICE, INC.
			on record with the s	Secretary of State.)
2. The state or country of format	<sub>ion is</sub> <u>Delawar</u>	<u>e</u>		•
The Secretary of State may for on the Secretary of State and	rward to the busine	ess entity at the following	street address any any future changes	process served to this address:
1251 Avenue of the Americas		New York	NY	10020
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
4. The business entity is not trar in the Commonwealth or pursual authority from the commissioner	it to KRS 14A.9-01	0(7) the business entity is	surrenders its auth a foreign insurer w	ority to transact business vith a certificate of
5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	s its agent for servi to transact busines	ice of process in any proc ss in the Commonwealth.	eeding based on a	cause of action arising
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	under the laws of	Kentucky that the forgoin	g is true and correct	t.

**Printed Name** 

Ese Boghosian / Vice President & Secretary

Signature of Authorized Representative

**Division of Business Filings** 

P.O. Box 718