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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/1/2024 2:29 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings | 0 4161 | | |
|--|---|-------------------------|---------------------------------|
| P.O. Box 718 | Certificate of Withdrawa | al | WFE |
| Frankfort, KY 40602 | (Foreign Business Entity) | | |
| (502) 564-3490 | | | |
| www.sos.ky.gov | | | |
| | | | |
| Diversional to the second seco | | | |
| 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: | | | |
| business entity named below and | , for that purpose, submits the following | g statements: | arrai on benan of the |
| 1. The name of the business entity is CONTINT, INC. | | | |
| | | | |
| (The name must be identical to the name on record with the Secretary of State.) | | | |
| 2. The state or country of formati | on is DELAWARE | | |
| | | | |
| 3. The Secretary of State may fo | ward to the business entity at the follow | wing street address a | ny process soniod |
| , | secretary of State | e of any future change | es to this address: |
| 316 CALIFORNIA AVI | NUE, #41 RENO | NV | |
| Street Address (No Post Office Box | | INV | 89509 |
| ince Boy | 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 ferrior 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 | ty is a loreign insurer | with a certificate of |
| | | | |
| 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 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. | | | |
| or State in the future of any change | in its mailing address. | | ing shall flothly the decretary |
| This application will be affective | | | |
| This application will be effective | upon filing. | | |
| | | | |
| declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. | | | |
| DocuSigned by: | the forg | oing is true and corre | ect. |
| A 19C ADE THORSE AND | Gurdeen | ingh Chimn: | 7/21/2024 |
| Bignature of Authorized Representa | ourdeep 5 | ingh Chimni | 7/31/2024 |
| - 3 - Addionzed Representa | ive Printed Name | _ | Date |
| | | | |