Commonwealth of Kentucky

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ate of Witł gn Business I		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu				dersigned applies for a certificate s the following statements:
1. The name of the business en	itity is	astructure BidC	co, Inc. to the name on record with the	e Secretary of State.)
2. The state or country of forma	tion is	e		
3. The Secretary of State may for on the Secretary of State and				
6205-A Peachtree Dunwoody Roa	ad, Attn: Legal	Atlanta	Georgia	30328
Street Address (No Post Office Box N	umbers)	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, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is ______.

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

Rins a. and

Signature of Authorized Representative

Luis A. Avila

Printed Name

July 5, 2022

Date



0978324.09

Michael G. Adams

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Kentucky Secretary of State Received and Filed: 7/8/2022 7:28 AM Fee Receipt: \$40.00