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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 V (Foreign Busine		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 en	tity is WALDORF SHOPP		
(The name must be identical to the name on record with the Secretary of State.)			
2. The state or country of formation is Maryland			
 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: 			
701 East Water Street	Charlot	tesville VA	22902
Street Address (No Post Office Bo	x Numbers) (City State	Zip Code
 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. 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. 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.			
Slam Sulf		n M. Lankford Printed Name	7/28/2023 Date
Signature of Authorized Represen	itative	rinted Name	Date

Division of Business Filings