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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/30/2024 10:43 AM Fee Receipt: \$40.00



## 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)	V	WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following	ı certificate of withdrawal on l statements:	behalf of the
1. The name of the business en	tity is Matterport Operating, Inc.		
	(The name must be identical to the na	me on record with the Secreta	ary of State.)
2. The state or country of forma	tion is Delaware		•
3. The Secretary of State may for	orward to the business entity at the follow d commits to notify the Secretary of State	ing street address any proces of any future changes to this	ss served address:
352 E Java Drive	Sunnyvale	CA	94089
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
<ol> <li>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.</li> <li>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.</li> </ol>			
6. This application will be effecti	ve upon filing.		
	v under the laws of Kentucky that the forg Peter Presunka	oing is true and correct.	nor4
Signature of Authorized Represer	itative Frinted Name		Date