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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/28/2024 10:49 AM Fee Receipt: \$40.00

Date

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		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and				n behalf of the
The name of the business entity is		DREAMBOX LEARNING, INC.		
	(The name must be identical to the name on record with the Secretary of State.)			
2. The state or country of format	tion is	 		
•	d commits to notify	the Secretary of State of any for	uture changes to th	nis address:
4350 CONGRESS ST STE 700		CHARLOTTE	NC	28209
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
4. The business entity is not trar in the Commonwealth or pursual authority from the commissioner	nt to KRS 14A.9-0	10(7) the business entity is a fo		
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	is its agent for servite to transact busine	vice of process in any proceedings in the Commonwealth. The	ng based on a cau	se 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 forgoing is t	rue and correct.	
Stephen Macrag		Steve M	/laciag	8/23/2024

Printed Name

Signature of Authorized Representative