1136045.06

mmoore WTH

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/15/2024 11:01 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		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KRS business entity named below and	d, for that purpose,	submits the following st	certificate of withdrawatements:	wal on behalf of the
1. The name of the business ent	ity is Cerner Enviz			
	(The name mu	ist be identical to the nam	ne on record with the	Secretary of State.)
2. The state or country of format	ion is			
The Secretary of State may for on the Secretary of State and	commits to notify	ness entity at the followin the Secretary of State o	g street address any f any future changes	process served to this address:
c/o Cerner Corporation, Company Secretary 8779 Hillcrest Road		Kansas City	МО	64138
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
4. The business entity is not trar in the Commonwealth or pursuar authority from the commissioner	nsacting business nt to KRS 14A.9-0	in the Commonwealth ar 10(7) the business entity	nd surrenders its aut	hority to transact b

- 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.

Signature of Authorized Representative	Printed Name	Date
AN SAN	Brian S. Higgins	JUNE 26, 2024
I declare under penalty of perjury under the laws	s of Kentucky that the forgoing is true	and correct.