0806353.09

kdcoleman WTH

Michael G. Adams Kentucky Secretary of State Received and Filed:

4/11/2023 9:36 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Signature of Authorized Represent	under the laws of Kentucky that the forgoing is true ar Stacy Finkle Ative Printed Name	od correct. 03/02/2023
declare under penalty of perjury	under the laws of Kentucky that the forgoing is true ar	nd correct.
This application will be effective	e upon filing.	
6 This application will be offered		
and occupied an orace as its adell	business in the Commonwealth. The husiness entity of	cause of action origina during the
5. The business entity revokes th	e authority of its registered agent to accept service of	process on its habalf and appoints
 The business entity is not tran in the Commonwealth or pursuan from the commissioner of the Dep 	sacting business in the Commonwealth and surrender t to KRS 14A.9-010(7) the business entity is a foreign partment of Insurance.	s its authority to transact business insurer with a certificate of authority
ottott Address (No Fost Office Bo	x Numbers) City State	Zip Code
1360 Post Oak Blvd., Ste. 100 Street Address (No Post Office Bo	Houston TX	77056
on the Secretary or State and	rward to the business entity at the following street add commits to notify the Secretary of State of any future	dress any process served changes to this address:
2. The state or country of format		
2. The state or country of farmers		with the Secretary of State.)
1. The name of the business ent	ity is Pro-Teck Services Ltd. (The name must be identical to the name on record	I with the Co
business entity harried below and	S 14A - 030 the undersigned applies for a certificate od, for that purpose, submits the following statements:	f withdrawal on behalf of the
Dureyant to the provisions of KD	0.444 0.00 %	
(502) 564-3490 www.sos.ky.gov		
Frankfort, KY 40602	(Foreign Business Entity)	
Division of Business Filings P.O. Box 718	Certificate of Withdrawal	WFE

(07/20)