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mmoore WTH

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

5/5/2023 2:30 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies for a		on behalf of the
1. The name of the business en	tity is		
	(The name must be identical to the n	ame on record with the Sec	retary of State.)
2. The state or country of format	tion is		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the follow d commits to notify the Secretary of State	ing street address any pro of any future changes to t	cess served his address:
5757 N. Green Bay Avenue	Milwaukee	WI	53209
Street Address (No Post Office Bo	ox Numbers) City	State	ZIp Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to acc as its agent for service of process in any p to transact business in the Commonwea	ty is a foreign insurer with cept service of process on proceeding based on a cau	a certificate of its behalf and use of action arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the forg	oing is true and correct.	
	Christopher E. Osbome, Pr	esident of Johnson Controls, Inc.	04/28/2023
Signature of Authorized Represer	ntative Printed Name		Date

(02/23)