

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
Received and Filed  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**COMFORT KEEPERS**

2. The assumed name has been discontinued by

**SDX HOME CARE OPERATIONS, L.L.C.**

3. This application will be effective on **Monday, July 1, 2024.**

4. The date the original certificate was filed:

**Thursday, December 10, 2020**

5. The mailing address of the entity's principal office is

**1 PARK PLAZA SUITE #300, IRVINE, CA 92614**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **COO: Ramzi Abdine**  
7/1/2024 4:56:06 PM