



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0532758.09 mmoore
AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/15/2024 3:43 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The business entity is:

<input checked="" type="checkbox"/> profit corporation <input type="checkbox"/> professional service corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> professional limited liability company <input type="checkbox"/> limited cooperative association <input type="checkbox"/> other	<input type="checkbox"/> nonprofit corporation. <input type="checkbox"/> business trust <input type="checkbox"/> limited partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> non-profit LLC
--	---
- 2. The name of the company is: Kidde-Fenwal, Inc.
(The name must be identical to the name on record with the Secretary of State.)
- 3. It is an entity organized and existing under the laws of the state or country of Delaware.
- 4. The entity received authority to transact business in Kentucky on 3/12/2002.
- 5. The entity has changed its (check all that apply)
 - Domicile name to _____
 - Name to be used in Kentucky to KFI Wind-Down Corp.
 - Jurisdiction of organization to _____
 - Period of duration _____
 - Form of organization _____
 - Management type: Member managed Manager managed

6. This application will be effective upon filing.

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

<small>DocuSigned by:</small> <u>Brian Maloney</u>	<u>Brian Maloney</u>	<u>Treasurer and Secretary</u>	<u>7/11/2024</u>
Signature of Authorized Representative	Printed Name	Title	Date