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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/16/2023 1:23 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdra (Foreign Business Entity		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the but	S 14A and KRS 271B, 273, 274, 27 siness entity named below and, for	5, 362 or 386 the that purpose, subr	undersigned applies for a certificate mits the following statements:
1. The name of the business ent	ity is UPS Capital Trade Protection		,
	(The name must be identical to the	name on record with	the Secretary of State.)
2. The state or country of format	ion is Delaware		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the f	ollowing street add State of any future	dress any process served changes to this address:
CSC, 421 West Main Street	Frankfort	KY	40601
Street Address (No Post Office Box Nu	umbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner. 5. The business entity revokes tappoints the Secretary of State a during the time it was authorized of State in the future of any change. 6. This application will be effective.	the authority of its registered agent to s its agent for service of process in to transact business in the Commo ge in its mailing address.	entity is a foreign o accept service of any proceeding banwealth. The busing	of process on its behalf and assed on a cause of action arising ness entity shall notify the Secretary ime is provided. The effective date
I declare under penalty of perjury	under the laws of Kentucky that the	e forgoing is true a , Attorney-in-Fact	nd correct. May 10, 2023
Signature of Authorized Representativ	<i>-</i>		Date

FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.