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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/16/2022 4:23 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 Withdrawa (Foreign Business Entity)	al	WFE
	S 14A and KRS 271B, 273, 274, 275, 3 siness entity named below and, for that		
1. The name of the business en	tity is	Eyechronic LLC	
	(The name must be identical to the nam	e on record with the Secr	etary of State.)
2. The state or country of format	ion is	Delaware	
	orward to the business entity at the follo d commits to notify the Secretary of Stat		
41 Discovery	Irvine	California	92618
Street Address (No Post Office Box No	umbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	the authority of its registered agent to a is its agent for service of process in any to transact business in the Commonwege in its mailing address.	ccept service of proce proceeding based on ealth. The business en	r with a certificate of ss on its behalf and a cause of action arising tity shall notify the Secretary
	ve upon filing, unless a delayed effectiv not be prior to the date the application i		
I declare under penalty of perjury	under the laws of Kentucky that the fo	rgoing is true and corr	ect.
GIAS	Dulmand Name	Christopher Beals	May 10, 2022
Signature of Authorized Representativ	ve Printed Name		Date