

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Withdrawal

0993787.09

mmoore

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

4/9/2024 2:25 PM Fee Receipt: \$40.00

WFE

03/29/2024

Date

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		usiness Entity)		
Pursuant to the provisions of KR business entity named below an	d, for that purpose, s	lersigned applies for submits the following	a certificate of withdraw statements:	al on behalf of the
1. The name of the business en	tity is $\frac{\text{Sophia I, Inc.}}{\text{(The name mus})}$	st be identical to the n	ame on record with the	Secretary of State.)
2. The state or country of formation is Delaware				
3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:				
4 Country View Road		Malvern	PA	19355
Street Address (No Post Office Box Numbers)		City	State	Zip Code
4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.				
The business entity revokes appoints the Secretary of State during the time it was authorized of State in the future of any char	as its agent for servi d to transact busines	ice of process in any ss in the Commonwe	proceeding pased on a	cause of action ansing
6. This application will be effect	tive upon filing.			
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				

KARA KOROSEC, SECRETARY

Printed Name

025 2/24/2022 W-14--- Min-

Signature of Authorized Representative

Division of Business Filings