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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/20/2024 9:42 AM Fee Receipt: \$40.00

# COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)	WFE
business entity named below an	S 14A - 030 the undersigned applies for a certified, for that purpose, submits the following statem  MORRISON HERSHFIELD ENGINEERS	ents:
1. The name of the business en	tity is(The name must be identical to the name on	•
2. The state or country of forma	Delaware	·
	orward to the business entity at the following stre d commits to notify the Secretary of State of any	
1455 Lincoln Parkway, Suite 50	0 Atlanta	GA 30346
Street Address (No Post Office Bo	ox Numbers) City	State Zip Code
in the Commonwealth or pursual authority from the commissioner  5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to accept se as its agent for service of process in any proceed to transact business in the Commonwealth. The age in its mailing address.	foreign insurer with a certificate of rvice of process on its behalf and ding based on a cause of action arising
I declare under penalty of perjury	y under the laws of Kentucky that the forgoing is	true and correct.
leat:	Jean R. Carriere, Pres	ident August 15, 2024
Signature of Authorized Represer	ntative Printed Name	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.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time 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 152, 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.