**Division of Business Filings** 

P.O. Box 718



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

**Certificate of Withdrawal** 

1234795.09

mmoore WTH

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

4/24/2023 2:15 PM Fee Receipt: \$40.00

**WFE** 

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Busines	ss Entity)	
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned, for that purpose, submite	ed applies for a certificate of withdraws s the following statements:	al on behalf of the
1. The name of the business en	tity is P2 SOLUTIONS, INC. (The name must be ide	entical to the name on record with the S	Secretary of State.)
2. The state or country of forma	tion is Delaware		·
The Secretary of State may for on the Secretary of State and	orward to the business enti d commits to notify the Sec	ity at the following street address any cretary of State of any future changes	process served to this address:
4811 Montgomery Road, Cincinna Street Address (No Post Office Bo		ity State	Zip Code
Street Address (No Post Office Bo	ox Numbers)	,	
4. The business entity is not train the Commonwealth or pursua from the commissioner of the De	nt to KRS 14A.9-010( $\ell$ ) the	ommonwealth and surrenders its authors business entity is a foreign insurer wi	ority to transact business ith a certificate of authority
the Secretary of State as its are	ent for service of process in to business in the Common	ed agent to accept service of process of any proceeding based on a cause of wealth. The business entity shall notify	action ansing during the
6. This application will be effect	ive upon filing.		
I declare under penalty of perjur	y under the laws of Kentuc	cky that the forgoing is true and correc	t.
MA	A	Adam Ante, Chief Financial Officer	April 20, 2023
Signature of Authorized Represe	ntative P	Printed Name	Date