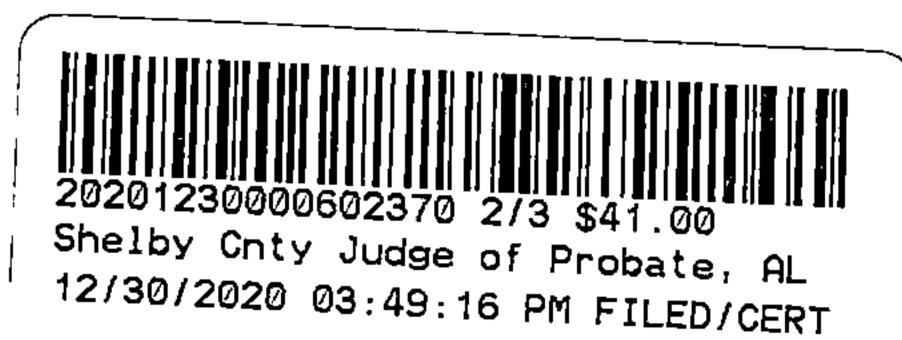


## STATEMENT OF INTENT TO DISSOLVE Taft Walley Insurance and Financial Services, Inc. BY THE ACT OF THE CORPORATION

Pursuant to the provisions of Section 10-2A-182 of the Code of Alabama, 1975, as amended, the undersigned corporation submits the following Statement of Intent to Dissolve the corporation by the act of the Corporation:

| FIRST:        | The name of the Corporation is Taft Walley Insurance and Financia Services, Inc.                  |
|---------------|---|
| SECOND:       | The names and respective addresses of its officers are as follows:                                |
| NAME          | OFFICE ADDRESS  |
| Taft Walley - | - Deceased  |
| Loren Walle   | y, as Administrator of the Estate of Taft Walley, a deceased person                               |
| THIRD:        | The names and respective addresses of its directors are as follows:                               |
| NAM           | <u>ADDRESS</u>  |
| Taft Walley - | - Deceased  |
| FOURTH:       | The shareholders adopted the following resolution authorizing the dissolution of the corporation: |
|               | EREAS, at a meeting of the Board of Directors of Taft Walley Insurance and ervices, Inc., held of |
|               | Day of December, 2020, the Board of Directors adopted a resolution                                |

WHEREAS, the shareholders of Taft Walley Insurance and Financial Services,



Inc., have duly met and considered the advisability of dissolving the corporation;

RESOLVED, that the corporation be dissolved;

RESOLVED FURTHER, that the proper officers of this corporation are hereby authorized and directed to take such steps as are necessary to give effect to this resolution.

FIFTH:

The number of shares outstanding and entitled to vote on the resolution are 1,000. The number of shares that voted in favor of the resolution was 1,000. the number of share that voted against the resolution was 0.

DATED: 12/29/2020

Y: DOWN Walley

Its President

## **CERTIFICATE**

I, Loren Walley, do hereby certify that all of the statements in the foregoing instrument are true and correct, that Loren Walley signed the foregoing instrument as President, and I signed the foregoing instrument as Secretary of the Corporation.

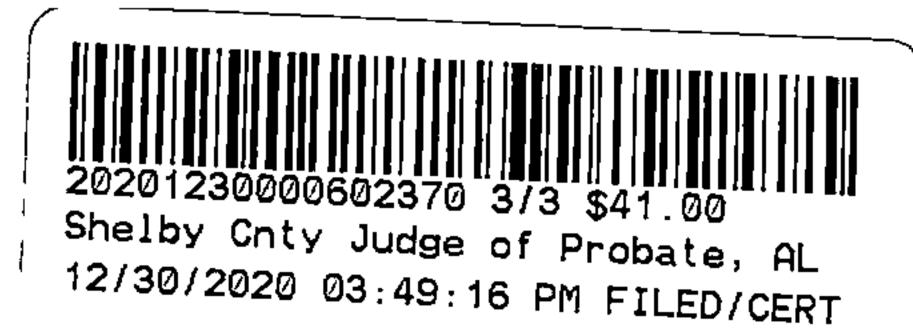
Loren Walley

as Administrator of the Estate of Taft Walley,

a deceased person

STATE OF ALABAMA )
SHELBY COUNTY )

I, the unersigned, a Notary Public in said County in said State, do hereby certify that on this



the <u>29</u> day of <u>December</u>, 2020, Loren Walley personally appeared before me and, being by me first duly sworn, declared that they are the President and Secretary of Taft Walley Insurance and Financial Services, Inc., that they signed the foregoing document as the President and secretary of the Corpration, and that the statements contained in the document are true.

NOTARY PUBLIC

My Commission Expires: -28 February, 2024

MY COMMISSION EXPIRES JANUARY 16, 2024

