



State of Rhode Island
Department of State - Business Services Division

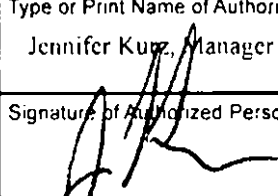
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY 14 P 1: 14

Certificate of Cancellation
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number 000487717	2. The name of the limited liability company is Summit Trustee Services, LLC
3. It is organized under the laws of Delaware	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is. 1525 S. Belt Line Road, Coppell, TX, 75019	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified at taxportal.ri.gov .]	
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person Jennifer Kurz, Manager	Date 5/11/2021
Signature of Authorized Person 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAY 14 2021

BY RK SX5

A.A. 1:14 PM
 FORM 452- Revised 08/2020

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Summit Trustee Services, LLC ("LLC"), a limited liability company formed under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the LLC (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the LLC and in the LLC's name for the limited purposes authorized herein.


The LLC and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw, dissolve, convert the subsidiary and qualify/register the converted LLC in any state, as directed and authorized by the LLC.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this April 22, 2021.


Summit Trustee Services, LLC
A Delaware limited liability company

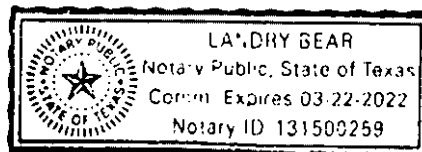
By: 
Name: Gregory Smallwood
Title: Secretary

State of Texas
County of Dallas

On April 22, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared Gregory Smallwood, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.


Landry Bear
Notary Public, State of Texas





State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 14, 2021 01:14 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

