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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/16/2023 1:31 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withd (Foreign Business En		WFE
of withdrawal on behalf of the bu	S 14A and KRS 271B, 273, 274, siness entity named below and, fitty is	or that purpose, subr	undersigned applies for a certificate nits the following statements:
i. The name of the pusiness en	(The name must be identical to t	he name on record with	the Secretary of State.)
2. The state or country of formation	tion is New York		
3. The Secretary of State may for	orward to the business entity at the commits to notify the Secretary		
20 Vesey St., 6th Floor	New York	NY	10007
Street Address (No Post Office Box N	umbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	nt to KRS 14A.9-010(7) the busin of the Department of Insurance. the authority of its registered age as its agent for service of process to transact business in the Comrage in its mailing address.	ess entity is a foreign nt to accept service o in any proceeding ba nonwealth. The busir	of process on its behalf and
	not be prior to the date the applic		
I declare under penalty of perjury	under the laws of Kentucky that	the forgoing is true a	nd correct.
An At Man	John Knea	fsey	6/15/23
Signature of Authorized Representative	/e Printed Na	ame	Date