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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/20/2024 3:10 PM Fee Receipt: \$40.00



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

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following	a certificate of withdraw statements:	val on behalf of the
1. The name of the business en			
	(The name must be identical to the na	ame on record with the	Secretary of State.)
2. The state or country of format	tion is Delaware		
3. The Secretary of State may for	orward to the business entity at the follow d commits to notify the Secretary of State	ing street address any of any future changes	process served to this address:
200 Public Square, Suite 3300	Cleveland	ОН	44114
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to acc s its agent for service of process in any p to transact business in the Commonwea ge in its mailing address.	ty is a foreign insurer vector in the service of process proceeding based on a	with a certificate of s on its behalf and cause of action arising
I declare under penalty of perjury	under the laws of Kentucky that the forg	oing is true and correc	t.
Horn	Adam D. Munson	/ Secretary	11/20/2024
Signature of Authorized Represen	tative Printed Name		Date