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kdcoleman WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/26/2022 9:02 AM Fee Receipt: \$40.00



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

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below an	S 14A - 030 the un	ndersigned applies for a submits the following	a certificate of withdra statements:	wal on behalf of the
1. The name of the business en	tity is Alexander & (The name mu	Company ust be identical to the na	me on record with the	e Secretary of State.)
2. The state or country of format	tion is Georgia			*
The Secretary of State may for on the Secretary of State and	orward to the busin d commits to notify	ess entity at the follow the Secretary of State	ng street address an of any future change	y process served s to this address:
291 Heritage Walk		Woodstock	GA	30188
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
4. The business entity is not trar in the Commonwealth or pursual from the commissioner of the De 5. The business entity revokes the Secretary of State as its agentime it was authorized to transact the future of any change in its manner.	nt to KRS 14A.9-01 epartment of Insura the authority of its re nt for service of pro t business in the Ca ailing address.	0(7) the business entitionce.  egistered agent to acceptes in any proceeding	y is a foreign insurer of the service of process based on a cause of the service of process of the service of t	with a certificate of authority  i on its behalf and appoints if action arising during the
<ol><li>This application will be effective</li></ol>	ve upon filing.			
pectare under penalty of period	/ under the laws of			
			NDER, PRESIDENT	10/18/2002
Signature of Authorized Represer	itative	Printed Name		Date

(07/20)