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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/19/2022 1:11 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 Without (Foreign Business Er		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu			ndersigned applies for a certificate lits the following statements:
1. The name of the business ent	ity is		·
	(The name must be identical to	the name on record with the	he Secretary of State.)
2. The state or country of format	ion is Florida		
3. The Secretary of State may fo			
40 Pacifica, Suite 900	Irvine	CA	92618
Street Address (No Post Office Box No	umbers) City	State	Zip Code
in the Commonwealth or pursuar 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 busing of the Department of Insurance. The authority of its registered against its agent for service of process to transact business in the Comage in its mailing address.	ness entity is a foreign ent to accept service of s in any proceeding ba monwealth. The busin effective date and/or ti	f process on its behalf and sed on a cause of action arising ess entity shall notify the Secretary me is provided. The effective date
l declare under penalty of perjury	under the laws of Kentucky tha	t the forgoing is true ar	
/s/ David R. Hayes	David R. I	Hayes, Treasurer	07/05/2022
Signature of Authorized Representative	re Printed N		Date