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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/8/2024 2:46 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602		of Withdrawal usiness Entity)		WFE
(502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KR business entity named below an				val on behalf of the
1. The name of the business en	tity is Wood Maryvil			Secretary of State)
		st be identical to the na	ame on record with the	Secretary of State.)
2. The state or country of forma	tion is			
The Secretary of State may for on the Secretary of State and	orward to the busine	ess entity at the follow he Secretary of State	ing street address any of any future changes	process served to this address:
321 Henry St, Lexington, KY 4050	8	Lexington	KY	40508
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
 The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address. 				
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	y under the laws of l	Kentucky that the forg	oing is true and correc	t.
RILLIAN m		Brian C. Wood		March 8, 2024
Signature of Authorized Represer	ntative	Printed Name		Date