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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/22/2023 9:29 AM Fee Receipt: \$20.00

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	Certificate of Withdrawal of Assumed Name (Domestic or Foreign Business Entity)				
Pursuant to the provisions of KRS submits the following statements: 1. The assumed name to be with 2. The assumed name has been	drawn is <u>KODI COI</u>	LECTIVE	cal to the name on re	cord with the Secretary of	
<ol> <li>This application will be effective</li> <li>The date the original certificate</li> <li>The "real name" is (you must of a Domestic General Part a Domestic Limited Liable a Domestic Limited Part a Domestic Business Trans a Domestic Corporation a Domestic Limited Liable</li> </ol>	e was filed: <u>2/17/202</u> neck one): tnership ility Partnership nership ust	23	a Foreign Li a Foreign Li a Foreign B a Foreign C	eneral Partnership mited Liability Partners mited Partnership usiness Trust corporation imited Liability Compa	
6. The mailing address is: 531 ROSELANE STREET, Suite	400	Marietta <b>City</b>		GA	30060 Zip

Street Address or Post Office Box Numbers

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

111	Maureen Kopp	Asst. Secretary	12/20/23
Signature of Authorized Party	Printed Name	Title	Date

vision of Business Filing
O. Box 718
ankfort, KY 40602
02) 564-3490
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