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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/23/2024 11:36 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	1	of Withdrawal siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the unde d, for that purpose, su	rsigned applies for a consistency and applies for a consistency and applies for a consistency and applies for a	ertificate of withdratements:	awal on behalf of the
1. The name of the business en	(The name must	n of Minnesota, Inc. be identical to the name	on record with th	le Secretary of State.)
2. The state or country of forma	tion is Minnesota			<u> </u>
3. The Secretary of State may for on the Secretary of State and				
300 North Beach Street		Daytona Beach	FL	32114
Street Address (No Post Office Box Numbers)		City	State	Zip Code
 4. The business entity is not train the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any char 	nt to KRS 14A.9-010(of the Department of the authority of its reg as its agent for service I to transact business	7) the business entity is Insurance. gistered agent to accepte of process in any procint the Commonwealth.	s a foreign insurer t service of proce ceeding based on	r with a certificate of ss on its behalf and a cause of action arising
6. This application will be effecti	ve upon filing.			

James Lanni Printed Name

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

Signature of Authorized Representative