1039726.06

mmoore WTH

Michael G. Adams Kentucky Secretary of State

Received and Filed: 5/17/2023 10:09 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	이 사람들은 아이들은 아이들은 아이들이 되었다.	of Withdrawal siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and 1. The name of the business entity	d, for that purpose, s	ubmits the following stat	tements:	
The name of the business em	(The name must	be identical to the name	on record with the S	ecretary of State.)
2. The state or country of format				and the second s
The Secretary of State may for on the Secretary of State and	orward to the busines I commits to notify th	s entity at the following e Secretary of State of a	any future changes to	rocess served o this address:
5200 Park Road, S	Suite 101	Charlotte	NC	28209
Street Address (No Post Office Bo	x 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. This application will be effective upon filing. 				
o. This application will be effective	e upon ming.			
I declare under penalty of perjury	under the laws of Ke	entucky that the forgoing	is true and correct.	
Gulul		Jack Goiss	е	5-16-23
Signature of Authorized Represent	ative	Printed Name		Date