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Michael G. Adams **Kentucky Secretary of State** Received and Filed:

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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 (Foreign Business Entity)			WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpose	, submits the following s	tatements:	val on behalf of the
1. The name of the business en	tity is PVV Ner	ust be identical to the na	no on record with the	Secretary of State)
2. The state or country of format	24		me on record with the	occidently of otatio.
The Secretary of State may for on the Secretary of State and				
1340 Niskey Lake Trail		Atlanta	GA	30331
Street Address (No Post Office Box Numbers)		City	State	Zip Code
4. The business entity is not transin the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State adminst the time it was authorized.	nt to KRS 14A.9-0 of the Departmen the authority of its as its agent for ser	10(7) the business entity t of Insurance. registered agent to accivice of process in any process in any process.	y is a foreign insurer of process roceeding based on a	with a certificate of s on its behalf and 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 effective upon filing.

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

Marilyn J. Robie

10/25/2024

Printed Name

Date