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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/27/2024 10:28 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		of Withdrawal usiness Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undend, for that purpose, s	ersigned applies for a submits the following s	certificate of withdrav	val on behalf of the
1. The name of the business en	titv is		Y OF CHARLESTON I	
2. The state or country of format	tion is			
The Secretary of State may for on the Secretary of State and	orward to the busines	ss entity at the followine Secretary of State	ng street address any of any future changes	process served to this address:
700 Highland Road		Macedonia	ОН	44056
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
<ol> <li>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.</li> <li>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.</li> </ol>				
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	furties	Edward Weinfurtr		8-20-24 Date