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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/12/2024 1:48 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdra (Foreign Business Entit		WFE
	S 14A and KRS 271B, 273, 274, 2 siness entity named below and, for		undersigned applies for a certificate nits the following statements:
1. The name of the business ent	ity is		•
	(The name must be identical to the	name on record with	the Secretary of State.)
2. The state or country of format	ion is		
	rward to the business entity at the commits to notify the Secretary of		
800 Apollo Street	El Segundo	CA	90245
Street Address (No Post Office Box Nu	ımbers) City	State	Zip Code
in the Commonwealth or pursuan authority from the commissioner of the second state at appoints the Secretary of State a during the time it was authorized of State in the future of any change. 6. This application will be effective.	at to KRS 14A.9-010(7) the business of the Department of Insurance. The authority of its registered agent is its agent for service of process in to transact business in the Commoge in its mailing address.	to accept service of any proceeding backers. The busing ective date and/or t	of process on its behalf and ased on a cause of action arising ness entity shall notify the Secretary ime is provided. The effective date
I declare under penalty of perjury	under the laws of Kentucky that th	ne forgoing is true a	nd correct.
Hotely Est	Matt Fojut		01/03/2024
Signature of Authorized Representativ	e Printed Nan	ne	Date