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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/19/2023 10:55 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 siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and 1. The name of the business entity of formation of the state or country of formations.	tity is PAYROLI (The name must	bmits the following st MADE EAS be identical to the nan	atements:	
3. The Secretary of State may for on the Secretary of State and 11691 Gateway Blv	orward to the business I commits to notify the	s entity at the followin Secretary of State o	f any future changes to	ocess served this address:
Street Address (No Post Office Bo		City	State	Zip Code
4. The business entity is not transin the Commonwealth or pursuar from the commissioner of the De 5. The business entity revokes the Secretary of State as its ager time it was authorized to transact the future of any change in its materials. This application will be effective.	nt to KRS 14A.9-010(7 partment of Insurance the authority of its regis at for service of proces business in the Com- ailing address.	 the business entity stered agent to acceps in any proceeding 	is a foreign insurer with t service of process on based on a cause of act	a certificate of authority its behalf and appoints
I declare under penalty of perjury		ntucky that the forgoi	ng is true and correct.	01/18/22
Signature of Authorized Represen	tative	Printed Name	aller an differ statistical and in programme for the state was low to the conductors and a state of the conductors and a state	Date