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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/8/2023 10:16 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	S 14A - 030 the unde d, for that purpose, su	rsigned applies for a ce	rtificate of withdrawa	on behalf of the
1. The name of the business ent				
	(The name must	be identical to the name	on record with the Se	cretary of State.)
2. The state or country of format	ion is Florida			•
The Secretary of State may for on the Secretary of State and	orward to the business I commits to notify the	s entity at the following s e Secretary of State of a	street address any pr ny future changes to	ocess served this address:
	Ponte Vedra Beach,	FL	32082	
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
 The business entity is not tran in the Commonwealth or pursuan from the commissioner of the Dept. The business entity revokes the Secretary of State as its agentime it was authorized to transact the future of any change in its management. 	t to KRS 14A.9-010(7) partment of Insurance ne authority of its regis t for service of proces business in the Com	the business entity is a continuous continuo	a foreign insurer with ervice of process on i sed on a cause of act	a certificate of authority ts behalf and appoints ion arising during the
6. This application will be effective	e upon filing. Upon Fi	ling		
I declare under penalty of perjury	under the laws of Ke	ntucky that the forgoing	is true and correct.	
Kiny Bushong	PHAN	Kim Bushong Petrillo		12/5/20