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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/10/2025 1:12 PM 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	Certificate of Withdrawal (Foreign Business Entity)	WFE	
	S 14A - 030 the undersigned applies for a certif d, for that purpose, submits the following staten		f the
1. The name of the business en		· · · · · · · · · · · · · · · · · · ·	
	(The name must be identical to the name or	record with the Secretary of St	ate.)
2. The state or country of forma	New York tion is		
	orward to the business entity at the following str d commits to notify the Secretary of State of any		
37 West 20th St. Studio 509	New York	NY 100	11
Street Address (No Post Office Bo	ox Numbers) City	State Zip C	Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to accept se as its agent for service of process in any procee to transact business in the Commonwealth. Th	foreign insurer with a certificate rvice of process on its behalf a ding based on a cause of actio	e of and on arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjun	y under the laws of Kentucky that the forgoing is		
bothery lad	Tony Cassella	3/5/	2025
Signature of Authorized Represer	tative Printed Name	Date	,