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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/24/2024 11:33 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 an	S 14A - 030 the under d, for that purpose, su	rsigned applies for a ce bmits the following stat	ertificate of withdrav ements:	val on behalf of the
The name of the business en	tity is Brown & Brown			
	(The name must	be identical to the name	on record with the	Secretary of State.)
2. The state or country of forma	tion is			
The Secretary of State may for on the Secretary of State and	orward to the business d commits to notify the	s entity at the following s Secretary of State of a	street address any any future changes	process served to this address:
300 N. Beach Street		Daytona Beach	FL	32114
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
<ol> <li>The business entity is not train the Commonwealth or pursual authority from the commissioner</li> <li>The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any char</li> <li>This application will be effective</li> </ol>	nt to KRS 14A.9-010( of the Department of the authority of its reg as its agent for service to transact business age in its mailing addre	<ol> <li>the business entity is Insurance.</li> <li>sistered agent to accept of process in any proc in the Commonwealth.</li> </ol>	a foreign insurer versions a foreign insurer versions are service of process seeding based on a	with a certificate of s on its behalf and a cause of action arising
I declare under penalty of perjury	/ under the laws of Ke	entucky that the forgoing	g is true and correc	et. 4/4/24
Signature of Authorized Represen	ntative	Printed Name		Date



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Division of Business Filings** Certificate of Withdrawal WFE P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 030 the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements: 1. The name of the business entity is Brown & Brown of Massachusetts, LLC (The name must be identical to the name on record with the Secretary of State.) Massachusetts 2. The state or country of formation is 3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address: Daytona Beach FL 32114 300 N. Beach Street Street Address (No Post Office Box Numbers) City State Zip Code 4. 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. 5. 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. 6. This application will be effective upon filing. I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. James Lanni **Printed Name** Signature o Authorized Representative