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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/14/2025 2:53 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		of Withdrawal siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and				on behalf of the
1. The name of the business en	tity is Park South H, LI			
		be identical to the na	ame on record with the Se	cretary of State.)
2. The state or country of format	tion is Delaware			
The Secretary of State may for on the Secretary of State and	orward to the business			
1197 Peachtree Street NE, Suite 60	0	Atlanta	Georgia	30361
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
 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. 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. This application will be effective upon filing. 				
I declare under penalty of perjury	y under the laws of Ke	entucky that the forg	oing is true and correct.	
Sh		David Laibstain,	EVP and General Counsel	1/14/2025
Signature of Authorized Represer	ntative	Printed Name		Date