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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/12/2024 1:20 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdray (Foreign Business Entity)	-	WFE
	S 14A - 030 the undersigned applies d, for that purpose, submits the follow		wal on behalf of the
1. The name of the business en	tity is		
	(The name must be identical to the	e name on record with the	Secretary of State.)
2. The state or country of format	ion is		······································
	orward to the business entity at the fo d commits to notify the Secretary of S		
405 Maple Ave., Unit 411	Burlington	NC	27216
Street Address (No Post Office Bo	ox Numbers) City	State	Zip 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 is its agent for service of process in a to transact business in the Common	entity is a foreign insurer of accept service of processiny proceeding based on a	with a certificate of s on its behalf and a cause of action arising
6. This application will be effecti	ve upon filing.		
	under the laws of Kentucky that the		
Signature of Authorized Represen	Katnryn vv.	Kyle, Assistant Secretary	02/08/2024
Signature of Authorized Represer	tative Printed Name		Date