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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/15/2024 10:42 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	Certificate of Withdrawal (Foreign Business Entity)	WFE
(502) 564-3490 www.sos.ky.gov		
business entity named below an	S 14A - 030 the undersigned applies for a cert d, for that purpose, submits the following state	ificate of withdrawal on behalf of the ments:
1. The name of the business en	(The name must be identical to the name of	n record with the Secretary of State.)
2. The state or country of forma	California	
3. The Secretary of State may for on the Secretary of State and	orward to the business entity at the following so d commits to notify the Secretary of State of ar	reet address any process served y future changes to this address:
12310 Greenstone Ave	Santa Fe Springs	CA 90670
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. 		
6. This application will be effecti	ve upon illing.	
I declare under penalty of perjur	y under the laws of Kentucky that the forgoing	is true and correct.
CHALOS	Angelyn Justian	5/13/2024
Signature of Authorized Represen	ntative Printed Name	Date