0532364.06

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/11/2024 10:51 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	Certificate of Withdrav (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies d, for that purpose, submits the follow		rawal on behalf of the
1. The name of the business en	tity is		
	(The name must be identical to the	ne name on record with t	he Secretary of State.)
2. The state or country of forma	tion is		
3. The Secretary of State may for	orward to the business entity at the fo d commits to notify the Secretary of S	llowing street address attate of any future chang	any process served ges to this address:
300 N Beach St.	Daytona Be	ach FL	32114
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 as its agent for service of process in a to transact business in the Common age in its mailing address.	entity is a foreign insure accept service of processing proceeding based o	er with a certificate of ess on its behalf and n a cause of action arising
I declare under penalty of perjury	y under the laws of Kentucky that the	forgoing is true and cor	rect.
Samo	James Lanr	માં	3/18/24
Signature of Authorized Represen	ntative Printed Name	В	/ Date