0875264.09

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/13/2024 1:52 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	Certificate o (Foreign Bus			WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpose, sul	bmits the following stat	rtificate of withdrav ements:	val on behalf of the
1. The name of the business en		of Oklahoma, Inc.		,
	(The name must b	oe identical to the name	on record with the	Secretary of State.)
2. The state or country of forma	tion is Oklahoma			
The Secretary of State may for the Secretary of State and	orward to the business	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	ox Numbers)	City	State	Zip Code
 The business entity is not train the Commonwealth or pursua authority from the commissioner The business entity revokes appoints the Secretary of State during the time it was authorized of State in the future of any chain 	ant to KRS 14A.9-010(7 of the Department of the authority of its reg as its agent for serviced to transact business	7) the business entity is Insurance. pistered agent to accept of process in any procin the Commonwealth.	s a foreign insurer v t service of process seeding based on a	s on its behalf and acause of action arising
 This application will be effect I declare under penalty of perjur 		entucky that the forgoin	g is true and corre	ct.
Show !		James Lanni		1/23/2024
Signature of Authorized Represe	ntative	Printed Name		Date