

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1003573.09

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Michael G. Adams **Kentucky Secretary of State** Received and Filed:

3/13/2023 2:19 PM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		of Withdrawal usiness Entity)	w g	WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the und	dersigned applies for a submits the following	a certificate of withdraw statements:	wal on behalf of the
1. The name of the business en	TITV/ IS	ons Incorporated		
	(The name mus	st be identical to the na	ame on record with the	Secretary of State.)
2. The state or country of forma	tion is Delaware			
The Secretary of State may for on the Secretary of State and the Secretary of Secretary	orward to the busine	ess entity at the follow the Secretary of State	ing street address any of any future changes	process served to this address:
3025 Windward Plz., Ste. 2000		Alpharetta	GA	30005
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 characteristics. 	ant to KRS 14A.9-01 r of the Department the authority of its r as its agent for served to transact busines age in its mailing ad	o(7) the business ention of Insurance. registered agent to action of process in any loss in the Commonweal	cept service of proces	s on its behalf and a cause of action arising
6. This application will be effect	tive upon filing.			
I declare under penalty of perjuit	ry under the laws of	Kentucky that the forg	going is true and corre	osct. 03/03/2023
Signature of Authorized Represe	entative	Printed Name		Date