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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/23/2024 1:14 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 of Withdrawal (Foreign Business Entity)			WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpose Red Right		ng statements:	awal on behalf of the
1. The name of the business en	lity is		name on record with th	e Secretary of State.)
2. The state or country of format3. The Secretary of State may for on the Secretary of State and	orward to the busir			
828 Lane Allen Road #219 Street Address (No Post Office Bo	ox Numbers)	Lexington City	KY State	40504 Zip Code
 4. The business entity is not trar in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan 	nt to KRS 14A.9-0 of the Department the authority of its as its agent for ser- to transact busine	10(7) the business ent of Insurance. registered agent to a vice of process in an ess in the Commonw	ntity is a foreign insurer accept service of proces y proceeding based on	with a certificate of ss on its behalf and a cause of action arising
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	under the laws of	f Kentucky that the fo	orgoing is true and corre	ect.
		Jason Tam	asco	12/20/2024
Signature of Authorized Represer	tative	Printed Name		Date