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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/8/2024 2:49 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
	S 14A - 030 the undersigned applies for a ced, for that purpose, submits the following startity is	
The name of the basiness of	(The name must be identical to the name	e on record with the Secretary of State.)
2. The state or country of format	tion is Delaware	
3. The Secretary of State may for	orward to the business entity at the following d commits to notify the Secretary of State of	
305 Gregson Drive	Cary	NC 27511
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. This application will be effective upon filling. 		
I declare under penalty of perjury	under the laws of Kentucky that the forgoin	ig is true and correct.
Math Detro	Bridget Smith	August 8, 2024
Signature of Authorized Represen	tative Printed Name	Date

(02/23)