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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/29/2023 2:26 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		te of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and				awal on behalf of the
1. The name of the business en	tity is STI Propert	ies, Inc.		
	***************************************	nust be identical to the na	me on record with the	e Secretary of State.)
2. The state or country of format	tion is Delaware			
The Secretary of State may for on the Secretary of State and				
5757 N. Green Bay Avenue, x76		Glendale	WI	53209
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 filing. 				
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
(Let 2 Ed	lucun	Christian Eichmar	nn, President	11/15/2023
Signature of Authorized Represen	ıtative	Printed Name		Date