## 1211384.06



Michael G. Adams Kentucky Secretary of State Received and Filed: 4/20/2023 10:44 AM Fee Receipt: \$40.00

mmoore WTH

## 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		of Withdrawal Isiness Entity)		WFE
Pursuant to the provisions of KR business entity named below an				awal on behalf of the
1. The name of the business en	ury 10	une Drive Richmo		
2. The state or country of formation	tion is California	L		
3. The Secretary of State may for on the Secretary of State and	orward to the busines d commits to notify th	ss entity at the following stre e Secretary of State of any	et address an future change	y process served s to this address:
120 NEWPORT CEN	TER DRIVE	NEWPORT BEACH	CA	92660
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code

4. 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.

5. 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.

6. 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.

U. Signature of Authorized Representative

Printed Name

(02/23)