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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/10/2024 9:38 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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	S 14A - 030 the undersigned applies for a co d, for that purpose, submits the following sta	ertificate of withdraw tements:	val on behalf of the
1. The name of the business en	tity is (The name must be identical to the name)	on record with the	Secretary of State.)
2. The state or country of format	tion is Arkansas		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the following I commits to notify the Secretary of State of	street address any any future changes	process served to this address:
300 N. Beach Street	Daytona Beach	FL	32114
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual 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 char	the authority of its registered agent to accep as its agent for service of process in any pro I to transact business in the Commonwealth age in its mailing address.	s a foreign insurer votes service of process ceeding based on a	with a certificate of s on its behalf and a cause of action arising
This application will be effection  I declare under penalty of perjury	ve upon filing. y under the laws of Kentucky that the forgoir	ng is true and corre	ct.
June	James Lanni		4/23/2024
Signature of Authorized Represen	ntative Printed Name		Dáte