0806590.09

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/13/2024 9:17 AM 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 an	S 14A - 030 the undersigned applies for a ce d, for that purpose, submits the following state	rtificate of withdrawa ements:	al on behalf of the
1. The name of the business en	tity is Brown & Brown Insurance Services of		
	(The name must be identical to the name	on record with the S	ecretary of State.)
2. The state or country of forma	tion is California		·
3. The Secretary of State may for	orward to the business entity at the following and commits to notify the Secretary of State of a	street address any r iny future changes t	orocess 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 aduring the time it was authorized of State in the future of any char	the authority of its registered agent to accept as its agent for service of process in any proc to transact business in the Commonwealth. age in its mailing address.	a foreign insurer wi service of process of eeding based on a co	ith a certificate of on its behalf and cause of action arising
6. This application will be effect	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the forgoing  James Lanni	j is true and correct.	7/9/2024
Signature of Authorized Represen	tative Printed Name		Date