## 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 (Foreign Busir			WFE
Pursuant to the provisions of K business entity named below a	RS 14A - 030 the undersi	gned applies for a certificate nits the following statements	e of withdrawal on s:	behalf of the
pushess entry named below a		THE FORESTLAND	GROUP LLC	
1. The name of the business e	entity is (The name must be	identical to the name on rec		tary of State.)
	North Carolina			
2. The state or country of form	nation is			
The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:				
55 Vilcom Center Drive, I		Chapel Hill	NC	27514
			tate	Zip Code
Street Address (No Post Office	Box Numbers)	City		

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.

Signature of Authorized Representative

Blake H. Stansell 7-24-23 Printed Name Date

mmoore WTH



0960491.06

Michael G. Adams

Kentucky Secretary of State Received and Filed: 9/8/2023 1:10 PM Fee Receipt: \$40.00