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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/26/2024 2:20 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 | Certificate of Withdrawal (Foreign Business Entity) | | WFE |
|---|---|---|---|
| business entity named below and | S 14A - 030 the undersigned applies for a d, for that purpose, submits the following s | tatements: | wal on behalf of the |
| 1. The name of the business ent | ity is IA Lodging Lexington Newtown, L.L.C | | Sagratamy of State) |
| 2. The state or country of format | ion is Delaware | | |
| The Secretary of State may for on the Secretary of State and | orward to the business entity at the following commits to notify the Secretary of State of | ng street address any of any future changes | / process served s to this address: |
| 200 S. Orange Ave., Suite 2700 | Orlando | FL | 32801 |
| Street Address (No Post Office Bo | x Numbers) City | State | Zip Code |
| 4. The business entity is not tran in the Commonwealth or pursuan authority from the commissioner | sacting business in the Commonwealth are to KRS 14A.9-010(7) the business entity of the Department of Insurance. | nd surrenders its aut is a foreign insurer v | hority to transact business with a certificate of |
| appoints the Secretary of State a | he authority of its registered agent to acce s its agent for service of process in any proto to transact business in the Commonwealth ge in its mailing address. | oceeding based on a | a cause of action arising |
| 6. This application will be effective | e upon filing. | | |
| I declare under penalty of perjury | under the laws of Kentucky that the forgo | ing is true and correc | ot. |
| 21111- | Taylor C. Kessel | | 12/23/2024 |
| Signature of Authorized Represent | ative Printed Name | | Date |