

Michael G. Adams

Kentucky Secretary of State Received and Filed: 8/24/2023 2:14 PM Fee Receipt: \$40.00

1169396.06

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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
	S 14A - 030 the undersigned applies for a ce I, for that purpose, submits the following sta		wal on behalf of the
1. The name of the business ent	ity is		·
	(The name must be identical to the name	on record with the	Secretary of State.)
2. The state or country of format	ion is Delaware		·
3. The Secretary of State may for	rward to the business entity at the following I commits to notify the Secretary of State of		
2801 East Beltline Ave NE	Grand Rapids	MI	49525
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to accept its agent for service of process in any procest to transact business in the Commonwealth.	s a foreign insurer t service of proces beeding based on a	with a certificate of son its behalf and acause of action arising
6. This application will be effective	ve upon filing.		
I declare under perialty of perjury	under the laws of Kentucky that the forgoin	g is true and corre	ct.
× lelle	Michael Cole		8/8/2023
Signature of Authorized Represen	tative Printed Name	· ·	Date