Division of Business Filings



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Withdrawal

0538397.09

tsemones

Michael G. Adams
Kentucky Secretary of State

Received and Filed: 7/28/2023 10:20 AM Fee Receipt: \$40.00

WFE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		usiness Entity)		
Pursuant to the provisions of KR business entity named below an	S 14A - 030 the und d, for that purpose,	dersigned applies for a submits the following s	certificate of withdrawa tatements:	l on behalf of the
1. The name of the business en	tity is Healthpeak Pro	roperties, Inc.	ne on record with the So	ecretary of State.)
2. The state or country of forma				
The Secretary of State may f on the Secretary of State an	orward to the busine d commits to notify	ess entity at the following the Secretary of State of	ng street address any p of any future changes to	rocess served this address:
4600 South Syracuse Street, Suite	500	Denver	Colorado	80237
Street Address (No Post Office B	ox Numbers)	City	State	Zip Code
 4. The business entity is not train the Commonwealth or pursua authority from the commissione 5. The business entity revokes appoints the Secretary of State during the time it was authorize of State in the future of any characteristics. 	ant to KRS 14A.9-01 r of the Department s the authority of its as its agent for serv d to transact busine	of Insurance. registered agent to accidice of process in any places in the Commonweal	ept service of process or	on its behalf and cause of action arising
6. This application will be effect	tive upon filing.			*
I declare under penalty of perju	ry under the laws of	f Kentucky that the forg	oing is true and correct	
Poslua Wiss		Joshua D. Weiss		7/25/2023
Signature of Authorized Represe	entative	Printed Name		Date

(02/23)

025 2/24/2022 W-1--- Vl..... O-1:--