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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/5/2023 3:06 PM Fee Receipt: \$40.00

mmoore WTH

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS. SECRETARY OF STATE

P. Fr (5	vision of Business Filings O. Box 718 ankfort, KY 40602 02) 564-3490 vw.sos.ky.gov	Certificate of Withdra (Foreign Business Entit		WFE
		S 14A - 030 the undersigned applie d, for that purpose, submits the follo		drawal on behalf of the
1.	The name of the business en	tity is	the name on record with	the Secretary of State.)
2.	The state or country of forma			;
3.		prward to the business entity at the I commits to notify the Secretary of		
12	7 Tanner Road	Greenville	SC	29607

127 Talliel Koad	Orechvine	50	29007
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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.

r.

Division of Business Filings

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Representative		Printed Name	Date
Christian Marcoux Signed with ConsignO Cloud (2023/06/02) Verify with verific com or Adobe Reader	notarius	Christian Marcoux	6/5/2023

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