# F 18000005857

(R	equestor's Name)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Be	usiness Entity Name)	<del></del>
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Special Instructions to Fili	ing Officer:	
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### **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

04/11/2024

D	ote: 04/11/2024	in: DW
	Acc#I20160000072	√: ( ) → W
Name:	KENTUCKY HOMECARE PARENT INC.	
Document #:		
Order #:	15491721 - 7	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		2024 AFR 11 SECRETARY
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	SEE FATE
Filing: 🗸	Certified: Email A  Plain:  COGS:	ddress for Annual Report Notifications
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 35.00	

Thank you!

#### **COVER LETTER**

	ΓO: Amendment Section Division of Corporations					
SUBJECT: Kentucky	Homecare Parent Inc.					
30b3EC1.	•	(Name of Co	rporation)			
DOCUMENT NUME	BER: F18000005857					
The enclosed withdra	wal application and t	fee are submit	ted for filin	g.		
Please return all corres	pondence concerning	this matter to	the followi	ing:		
Caitlin Vanover						
		(Name of Pe	rson)		SECRE	-18.3
500 West Main	Street	(Firm/Comp	pany)		TABY O	
		(Addres	s)		Mon =	<u>ة</u> الروس (1
Louisville, KY	40202				FEE 50	
	(C	City/State and	Zip code)	_		
For further information	n concerning this mat	ter, please cal	l:			
Caitlin Vanover		502 at (	741-0	)301		
(Name	of Person)		Area Code &	& Daytime Teler	phone Number)	
Enclosed is a check fo	r the amount:					
\$\bigsize \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified C (Additiona Enclosed)	opy I copy is	Certificate of	g Fee, Status & Certific ional copy is enc	
Mailing Address: Amendment Sc Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Ame Divis The 0 2415	Address: ndment Sect sion of Corp Centre of Ta N. Monroe hassee, FL	orations Illahassee Street, Suite 81	0	

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Kentucky Homecare Parent Inc.	
(Name of Corporatio	on)
F18000005857	
(Document Number of Corporati	on (if known)
Delaware 12/20/2018	
(Incorporated Under Laws of and date authorized to tran	nsact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting this corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:  500 West Main Street  (Mailing Address)	in Florida to accept service on its behalf and ess based on a cause of action arising during the Florida.
Louisville, KY 40202	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the and the corporation agrees to notify the Department of State in the and the corporation of State in the state of State	future of any change in its mailing address.  04/11/2024 (Date)
Joseph Matthew Ruschell	VP, Assoc. Gen. Csl. & Corp. Secy.
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35