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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/2/2022 1:30 PM Fee Receipt: \$0.00



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	1	t of Resignation of or Foreign Busines	f Registered Agent ss Entity)	SRA	
Pursuant to the provisions of l				gned applies for	
1. I. Legalinc Corpor		-		, do hereby	
resign as registered age	ent; and/or				
2. The business entity which I am resigning from isALL KNIVES POINT NORTH LLC					
z. The sacmood char, mich ra	rooigiig iroii	(The name must be identical	to the name on record with the Sec	cretary of State.)	
x a limite a limite	ed liability compar ed partnership (Kl	RS 362); ship (KRS 362); or			
 The business entity was orga 	anized and exists	in the state or country of _	Kentucky	·	
5. The mailing address of the re	esigning agent:				
9900 Corporate Campus D	Or. Ste 3000	Louisville	KY	40223	
Street Address or Post Office Box Nu	ımbers	City	State	Zip	
 The agency appointment sha the date on which the statem I declare under penalty of perjur 	ent is filed.	-	·	he 31 st day after	
QL. FIX		Erik Treutlein		October 24, 2022	
Signature of Registered Agent		Printed Name	Date	Date	