

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Statement of Consent of Registered Agent (Domestic or Foreign Business Entity)

**CRA** 

1. The business entity is	a corporation (KR) a limited liability of a limited partnersh a limited liability p a business trust (k	ompany (KRS 27 nip (KRS 362) artnership (KRS KRS 386)	75) 362)	
2. The name of the business entity is 883 EAGLES LANE, LLC				
3. The state or country of incorporation, organization or formation is KENTUCKY				
4. The name of the initial registered agent is IN CORP SERVICES, INC.				
5. The street address of the registered office address in Kentucky is:				
828 LANE ALLEN RD S	UITE SUITE 219	LEXINGTON	KENTUCKY	40504
Street Address (No Post Office Box No	umbers)	City	State	Zip Code
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is				
				(Delayed effective date and/or time)
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				

**Printed Name** 

Title

Signature of Registered Agent