Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Resignation of Registered Agent

LAOO 1368324.06 Michael G. Adams Secretary of State Received and Filed 2/11/2025 11:05:10 PM Fee receipt: \$40

SRA

Pursuant to the provisions of KRS 14A, the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The name of the business entity is: **KY MED LLC**

2. The name of the document to be withdrawn:

Articles of Organization

3. The date of the document was filed in Kentucky: 02/11/2025

4. The document has been withdrawn in accordance with the agreement of the parties.

5. This filing will be effective on Tuesday, February 11, 2025.

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

Signature of individual signing on behalf of Authorized Representative: **NIKITAPATEL**