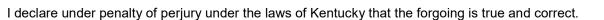
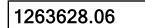
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of Resignation of Regi (Domestic or Foreign Business Entity)	stered Agent	SRA
	RS Chapter 14A and 271B, 273, 274, 275, 3 nd, for that purpose, submits the following stater		ersigned applies for
1. I, Rocket Lawyer Co	rporate Services LLC		, do hereby
☑ resign as registered age	nt: and/or		
✓ discontinue the registered			
3. The business is:	m resigning from is Hodges Health LLC (The name must be identical to the ration (KRS 271B, KRS 273 or KRS 274);	e name on record with th	e Secretary of State.)
	d liability company (KRS 275);		
🗆 a limite	d partnership (KRS 362);		
□ a limite	d liability partnership (KRS 362); or		
🗆 a busin	ess trust (KRS 386)		
4. The business entity was orga	nized and existing in the state or country of <u>KY</u>	,	
5. The mailing address of the re	signing agent:		
828 LANE ALLEN RC	AD SUITE 219 LEXINGTON	KY	40504
	nbers City	State	Zip



Latina Munz	EDNA PERRY	4/29/2024	
Signature of Registered Agent	Printed Name	Date	
	ASST. SECRETARY		
	Rocket Lawyer Corporate	e Services LLC	





mmoore AGD

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/30/2024 9:03 AM Fee Receipt: \$0.00

## FILING INSTRUCTIONS STATEMENT OF RESIGNATION OF REGISTERED AGENT

#### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

# DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

# DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

## WHO MAY SIGN

The document must be signed by the registered agent.

## NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

## FILING FEE

There is no filing fee for filing this document.

#### MAILING ADDRESS

Alison Lundergan Grimes Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

## **OFFICE LOCATION**

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

# **CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.