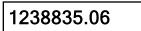
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE						
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov			esignation of Reg eign Business Entity)	istered Agent	SRA	
			271B, 273, 274, 275, Ibmits the following state		ersigned applies fo	
1. I. Rocket Lav	vyer Co	rporate Services	s LLC		, do hereb	
✓ resign as reg	stered age	nt; and/or				
🖙 discontinue t	ne registere	d office address				
2. The business entit	y which I ar	n resigning from is (The	hient Group LLC	e name on record with the	, Secretary of State.)	
3. The business is:	a corpo	ration (KRS 271B, KRS	\$ 273 or KRS 274).			
		l liability company (KR				
		ited partnership (KRS 362);				
		l liability partnership (K				
	a busine	ess trust (KRS 386)				
4. The business entit	y was orga	nized and existing in th	e state or country of K	/		
	ss of the re	signing agent:				
5. The mailing addre		AD SUITE 219	LEXINGTON	KY	40504	
5. The mailing addre 828 LANE AL	_EN RC					

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

Eadma Marz	EDNA PERRY	12/2/2024
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: 12/3/2024 9:00 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 90th 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.