		MICHAEL G. ADAM	s, S ecretar	Y OF STATE		
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Statement of Resignation of Registered Agent (Domestic or Foreign Business Entity)			SRA	
	signation of registered agent a	•		275, 362 or 386, the undersig statements:	jned applies for	
CALEB TUFA 1. I,					, do hereby	
	☑ resign as registered age	ent: and/or				
	✓ discontinue the register					
2.	The business entity which I a	m resigning from is	UES REI LLC	al to the name on record with the Se	, cretary of State.)	
3.	The business is: a corporation (KRS 271B, KRS 273 or KRS 274);					
	🖂 a limite	d liability company (KRS	275);			
	🔲 a limite	d partnership (KRS 362);				
	🔲 a limite	d liability partnership (KR	S 362); or			
	a busir	ess trust (KRS 386)				
4.	The business entity was orga	inized and exists in the st	ate or country of _	KENTUCKY		
5.	The mailing address of the resigning agent:					
	6026 Haven Manor Way		Louisville	KY	40228	
Street Address or Post Office Box Numbers		mbers (City	State	Zip	
6.	The agency appointment sha	Il be terminated and the r	egistered office d	iscontinued, if so provided, on t	he 31 st day after	
	the date on which the statem			-	-	

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

Caleb J.	Caleb Tufa	4/6/24	
Signature of Pegistered Agent	Printed Name	Date	

Signature of Registered Agent

Printed Name

Date

(02/23)

2.

6.



COMMONWEALTH OF KENTUCKY



AGD Kentucky Secretary of State

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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.

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

Michael Adams Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, 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.