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tsemones AGD

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/1/2022 12:55 PM Fee Receipt: \$0.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of Resignation of Registere (Domestic or Foreign Business Entity)	d Agent SRA
Pursuant to the provisions of resignation of registered agent	KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386 and, for that purpose, submits the following statements:	, the undersigned applies for
1. I, Registered Agent Solution	ns, Inc.	, do hereby
resign as registered ag	ent: and/or	, de no, oby
discontinue the register		
and the second	00 011100 ddd1033	
2. The business entity which I a	am resigning from is Scion Dental, Inc. (#0733646)	
	(The name must be identical to the name on rec	ord with the Secretary of State.)
3. The business is:	oration (KRS 271B, KRS 273 or KRS 274);	
	ed liability company (KRS 275);	
	a limited partnership (KRS 362);	
	ed liability partnership (KRS 362); or	
	ness trust (KRS 386)	
	anized and exists in the state or country of DE	
	· · · · · · · · · · · · · · · · · · ·	·
The mailing address of the re	esigning agent:	
828 Lane Allen Road Ste. 219	Lexington KY	40504
Street Address or Post Office Box Nu	umbers City Sta	ite Zip
The agency appointment sha the date on which the statem	all be terminated and the registered office discontinued, if so pent is filed.	provided, on the 31 st day after
I declare under penalty of perjur	ry under the laws of Kentucky that the forgoing is true and cor	rrect.
2 800	Dawn Osborne	10/31/2022
Signature of Registered Agent	Printed Name	Date