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Michael G. Adams
 Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. 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 Registered Agent SRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, Capitol Corporate Services, Inc., do hereby

- ☒ resign as registered agent; and/or
☒ discontinue the registered office address

0871857

Entity ID / Charter #

2. The business entity which I am resigning from is

SG CAPITAL PARTNERS INCORPORATED

(The name must be identical to the name on record with the Secretary of State.)

3. The business is:

☐
☒
☐
☐
☐

- a corporation (KRS 271B, KRS 273 or KRS 274);
 a limited liability company (KRS 275);
 a limited partnership (KRS 362);
 a limited liability partnership (KRS 362); or
 a business trust (KRS 386)

4. The business entity was organized and exists in the state or country of DELAWARE

5. The mailing address of the resigning agent:

828 Lane Allen Rd Ste 219 Lexington KY 40504
 Street Address or Post Office Box Numbers City State Zip

6. The agency appointment shall be terminated and the registered office discontinued, if so provided, on the 31st day after the date on which the statement is filed.

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

Yvette Cleveland, Assistant Secretary on
 behalf of Capitol Corporate Services, Inc.

11-16-2022

Signature of Registered Agent

Printed Name

Date



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Statement of Resignation of Registered Agent SRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, Kentucky Lenders Assistance, Inc., do hereby

- ☒ resign as registered agent; and/or
☒ discontinue the registered office address

2. The business entity which I am resigning from is First Insurance Agency of White County, Incorporated (#0539145).
(The name must be identical to the name on record with the Secretary of State.)

3. The business is:

- ☒ a corporation (KRS 271B, KRS 273 or KRS 274);
☐ a limited liability company (KRS 275);
☐ a limited partnership (KRS 362);
☐ a limited liability partnership (KRS 362); or
☐ a business trust (KRS 386)

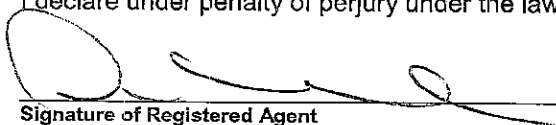
4. The business entity was organized and exists in the state or country of IL.

5. The mailing address of the resigning agent:

828 Lane Allen Road Ste. 219	Lexington	KY	40504
Street Address or Post Office Box Numbers	City	State	Zip

6. The agency appointment shall be terminated and the registered office discontinued, if so provided, on the 31st day after the date on which the statement is filed.

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


Signature of Registered Agent

Dawn Osborne
Printed Name

12/20/2022
Date



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Statement of Resignation of Registered Agent SRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, Kentucky Lenders Assistance, Inc., do hereby

- ☒ resign as registered agent; and/or
☒ discontinue the registered office address

2. The business entity which I am resigning from is Burr & Company (#0718296)
(The name must be identical to the name on record with the Secretary of State.)

3. The business is:
☒ a corporation (KRS 271B, KRS 273 or KRS 274);
☐ a limited liability company (KRS 275);
☐ a limited partnership (KRS 362);
☐ a limited liability partnership (KRS 362); or
☐ a business trust (KRS 386)

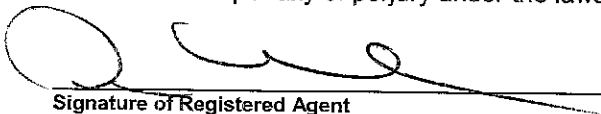
4. The business entity was organized and exists in the state or country of MI

5. The mailing address of the resigning agent:

828 Lane Allen Road Ste. 219	Lexington	KY	40504
Street Address or Post Office Box Numbers	City	State	Zip

6. The agency appointment shall be terminated and the registered office discontinued, if so provided, on the 31st day after the date on which the statement is filed.

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


Signature of Registered Agent

Dawn Osborne
Printed Name

12/20/2022
Date