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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/21/2022 2:47 PM Fee Receipt: \$0.00



## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | 1  | Resignation of<br>oreign Business                                      | Registered Agent<br>Entity)               | SRA                              |
|---|--|--|---|----------------------------------|
| Pursuant to the provisions of I resignation of registered agent a                                       | KRS Chapter 14A and<br>ind, for that purpose, s  | d 271B, 273, 274, 27<br>ubmits the following sta                       | 5, 362 or 386, the unders<br>atements:    | signed applies for               |
| 1. I, Capitol Corporate Ser   | vices, Inc.  |  |   | , do hereby                      |
| $\overline{X}$ resign as registered age   | nt; and/or   |  |   |                                  |
| discontinue the registered  | -  |  |   | 0871857<br>Entity ID / Charter # |
| 2. The business entity which I a  | m resigning from is  | SG CAPITAL F   | ARTNERS INCORPO                           |                                  |
| a limite  | oration (KRS 271B, KR<br>d liability company (KF<br>d partnership (KRS 36<br>d liability partnership (<br>less trust (KRS 386) | S 273 or KRS 274);<br>&S 275);<br>2);                                  | cal to the name on record with the Secret | ny of State.)                    |
| 4. The business entity was orga   | nized and exists in the  | state or country of D  | ELAWARE                                   |                                  |
| 5. The mailing address of the re  |  |  |   | 84                               |
| 828 Lane Allen Rd Ste 219   |  | Lexington  | KY 40                                     | 0504                             |
| Street Address or Post Office Box Nu  | mbers  | City   | State                                     | Zip                              |
| <ol> <li>The agency appointment sha<br/>the date on which the statem</li> </ol>                         | ent is filed.  |  |   | ı the 31 <sup>st</sup> day after |
| I declare under penalty of perjur   | Yvette   | ntucky that the forgoing<br>Cleveland, Assista<br>f of Capitol Corpora | ant Secretary on                          | -1(6-20 22                       |

behalf of Capitol Corporate Services, Inc.

Date

Printed Name

Signature of Registered Agent



## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

|  | ement of Resignation of R<br>mestic or Foreign Business E   |                                 | SRA                |
|--|---|---------------------------------|--------------------|
| Pursuant to the provisions of KRS Ch resignation of registered agent and, for t                          | apter 14A and 271B, 273, 274, 275,<br>hat purpose, submits the following state  | 362 or 386, the under<br>ments: | signed applies for |
| 1. I, Kentucky Lenders Assistance, Inc.  |   |                                 | , do hereby        |
|  | or  |                                 |                    |
| discontinue the registered office  | address   |                                 |                    |
| a limited liability<br>a limited partne  | (The name must be identical to the KRS 271B, KRS 273 or KRS 274);<br>/ company (KRS 275);<br>orship (KRS 362);<br>/ partnership (KRS 362); or |                                 |                    |
| a business trust   |   |                                 |                    |
| <ol> <li>The business entity was organized an</li> <li>The mailing address of the resigning a</li> </ol> | · · · · · · · · · · · · · · · · · · ·   | ,                               |                    |
| 828 Lane Allen Road Ste. 219   | Lexington   | KY                              | 40504              |
| Street Address or Post Office Box Numbers  | City  | State                           |                    |

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

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

|                               | Dawn Osborne | 12/20/2022 |
|-------------------------------|--------------|------------|
| Signature of Registered Agent | Printed Name | Date       |

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## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Statement of Resignation of Registered Agent<br>(Domestic or Foreign Business Entity)   | SRA           |
|---|---|---------------|
| Pursuant to the provisions of t<br>resignation of registered agent a                                    | KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigne<br>and, for that purpose, submits the following statements: | d applies for |

1. J. Kentucky Lenders Assistance, Inc.

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.)

do hereby

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   | — |

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

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

Dawn Osborne 12/20/2022 Signature of Registered Agent Printed Name Date