

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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Statement of Resignation of  
Registered Agent

SRA

Pursuant to the provisions of KRS 14A.4-030, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **AMI R STEPHENS**, do hereby **resign as registered agent and discontinue the registered office address 10351 LINN STATION ROAD SUITE 3 LOUISVILLE, KY 40223**
2. The business entity which I am resigning from is  
**BALANCED LIFE THERAPY, PLLC**
3. The business is a **limited liability company (KRS 275)**
4. The entity is organized and existing in the state or country of **KY**
5. The agency appointment shall be terminated, and the registered office discontinued, if so provided, on the earlier of:  
(a) The appointment of a successor registered agent and, if applicable, registered office; or  
(b) The thirty-first day after the date on which the statement of resignation was filed.

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

Signature of individual signing on behalf of Registered Agent: **AMI R STEPHENS**