Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

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, BARBRA WOLFE, do hereby

resign as registered agent and discontinue the registered office address 2158 State Route 56 W Morganfield, KY 42437

2. The business entity which I am resigning from is

Knives Monopoly Limited Liability Company

3. The business is a limited liability company (KRS 275)

4. The business entity was organized and exists 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 seccessor 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.

BARBRA WOLFE 10/5/2023