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mmoore AGD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/25/2023 1:29 PM Fee Receipt: \$0.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		esignation of Reg gn Business Entity)	istered Agen	nt SRA	
Pursuant to the provisions of k resignation of registered agent a	nd, for that purpose, sub			undersigned applies for	
resign as registered age	nt; and/or				
discontinue the registered office address					
2. The business entity which I are	m resigning from is GLE	NMARY VILLAGE F	RESIDENTS AS	SSOCIATION, INC.	
3. The business is: a corpo	ration (KRS 271B, KRS	273 or KRS 274);			
a limited	a limited liability company (KRS 275);				
a limited	a limited partnership (KRS 362);				
a limited	a limited liability partnership (KRS 362); or				
☐ a busin	ess trust (KRS 386)				
4. The business entity was orga	nized and existing in the	state or country of KY	,	·	
5. The mailing address of the re-	signing agent:				
828 LANE ALLEN RO	AD SUITE 219	LEXINGTON	KY	40504	
Street Address or Post Office Box Nur	mbers	City	State	Zip	
6. The agency appointment shall the date on which the statement	I be terminated and the is filed.	registered office discont	inued, if so provid	ded, on the 31 st day after	
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.					
COOP		Abigale Peterson, A	sst. Secretary	5/23/2023	
Signature of Registered Agent	nature of Registered Agent Printed Name Date for Paracorp Incorporated				