

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

1118694.06
Michael G. Adams
Secretary of State
Received and Filed
10/29/2020 12:00:00 AM
Fee receipt: \$0

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, **PATRICK T SCHMIDT**, do hereby
**resign as registered agent and
discontinue the registered office address
401 W Main St Ste 1400
Louisville, KY 40202**
2. The business entity which I am resigning from is
Commerce Medical & Rehab, 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 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.

Signature of individual signing on behalf of Registered Agent:
PATRICK T SCHMIDT