6/27/2019 0748144		Commonwealth of Kentucky Indergan Grimes, Secretary o	Received and Filed		
Alison Lundergan Grimes		Statement of Change a	6/27/2019 1:07:28 PM Fee receipt: \$10.00		
Secretary P. O. B		Statement of Change of Registered Office, Registered		RAC	

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

Statement of Change on Registered Office, Registered Agent, or Both

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

LATTA INSURANCE SERVICES, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent	2. Registered agent is hereby changed to:
WILLIAM S. LATTA	WILLIAM S. LATTA
3. Address of current registered office	4. Registered office is hereby changed to:
201 N. MAIN ST. HENDERSON, KY 42420	4. Registered office is hereby changed to: 140 N. MAIN ST. HENDERSON, KY 42420

5. Signature of officer or chairman of the board	6. Consent of new agent
Barb Chaney, VP/Controller Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	Signature and Title
6/27/2019 1:07 PM Date	Type or print name and title