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

Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

- 1. The business entity is a limited partnership (KRS 362).
- 2. The name of the business entity is:

HOMESTEAD TITLE AGENCY, LP

- 3. The entity is organized and existing in the state or country of Ohio
- 4. The entity received authority to transact business in Kentucky on 1/25/2012.
- 5. This filing will be effective on Thursday, September 5, 2024.
- 6. The entity has changed its

Form of organization to a **limited liability company** Domicile name to **HOMESTEAD TITLE AGENCY, LLC** Jurisdiction of organization to **Ohio** Period of duration (expiration date) to **be perpetual** Management type to **Manager managed**

> 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 **Authorized Agent: W Thomas Fisher**

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Secretary of State Received and Filed 9/5/2024 9:39:12 AM Fee receipt: \$40

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