## L905

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St KY Secretary of State

0709916 Michael G. Adams Received and Filed

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

## Statement of Change of **Principal Office Address**

**POC** 

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf

## **EPREMIUM INSURANCE AGENCY, LLC**

and for that purpose submits the following statements:

1. Address of current principal office

2035 Lakeside Centre Way Suite 250

Knoxville, TN 37922

2. Principal office is hereby changed to:

2035 Lakeside Centre Way Suite 250

Knoxville, TN 37922

3. Authorized Signature of Entity

Therosa Prok, Power of Attorney

Signature and Title

Therosa Prok, Power of Attorney

Type or print name and title

3/30/2023