

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

0882319  
Michael G. Adams  
KY Secretary of State  
Received and Filed

L905

6/15/2023 8:45:06 AM  
Fee receipt: \$10.00

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 of

**ARROWHEAD INSURANCE RISK MANAGERS, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

925 NORTHPOINT PARKWAY  
#440  
ALPHARETTA, GA 30005

**2. Principal office is hereby changed to:**

3655 NORTH POINT PARKWAY  
SUITE 675  
ALPHARETTA, GA 30005

**3. Authorized Signature of Entity**

RICHARD ANDREW WATTS, AUTHORIZED PERSON

Signature and Title

RICHARD ANDREW WATTS, AUTHORIZED PERSON

Type or print name and title

6/15/2023

Date