



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
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Articles of Amendment
(Domestic Profit or Professional Services Corporation)

AMD

Pursuant to the provisions of KRS 14A and KRS 271B, the undersigned applies to amend articles of incorporation, and for that purpose, submits the following statements:

1. Name of the corporation on record with the Office of the Secretary of State is:

Brashear Financial Education Services Inc

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Change of Corporate Name:

Brashear Insurance & Financial Services, Inc.

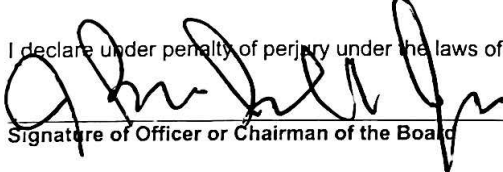
3. If the amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are as follows:

4. The date of adoption of each amendment was as follows: 05/22/23

5. Check the option that applies (check only one option):

- ☐ The amendment(s) was (were) duly adopted by the incorporators prior to issuance of shares.
- ☐ The amendment(s) was (were) duly adopted by the board of directors prior to issuance of shares.
- ☒ The amendment(s) was (were) duly adopted by the incorporators or board of director without shareholder action as shareholder action was not required.
- ☐ If the amendment(s) was (were) duly adopted by the shareholders, the:
- a) Number of outstanding shares.
- b) Number of votes entitled to be cast by each voting group entitled to vote separately on the amendment
- c) Number of votes of each voting group indisputably represented at the meeting.
- d) The total number of votes in favor of the amendment.
- e) The number of votes against the amendment.
- f) The number of votes cast for the amendment by each voting group was sufficient.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.



Signature of Officer or Chairman of the Board

Brian Brashear

Printed Name

President 07/14/23

Title

Date



ANDY BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

Brashear Insurance & Financial Services, Inc.

TAYLORSVILLE, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR: HEALTH, PROPERTY, LIFE AND CASUALTY INSURANCE

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 1275925

Print Date : 7/14/2023

NPN ID : 20724049