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

1200123 Michael G. Adams Received and Filed

3/5/2025 12:30:20 PM 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** 

L905

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

## TIM LEISTER INSURANCE LLC

and for that purpose submits the following statements:

1. Address of current principal office 2. Principal office is hereby changed to:

5340 SOUTHDALE ROAD 570 Tracy Lynn Lane LOUISVILLE, KY 40214 Lebanon Junction, KY 40150

3. Authorized Signature of Entity

John Leister Jr, Owner	
Sgnature and Title	115
John Leister Jr, Owner	, 42
Type or print name and title	VIDE
3/5/2025	OFD
Date	210