5/22/2015 0859424		indergan Grimes. Secretary o	0859424 Alison Lundergan Grimes		L905
Alison Lunde		Statement of Change o	Fee receipt:		n
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490		Registered Office, Registered RA		RAC	,

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

## FALLS CITY TECHNOLOGY CONSULTING LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
PATRICK H. CARRICO	PATRICK H. CARRICO
3. Address of current registered office	4. Registered office is hereby changed to:
3626 DOWNING WAY LOUISVILLE, KY 40218	2027 Trevilian Way LOUISVILLE, KY 40205

5. Signature of officer or chairman of the board	6. Consent of new agent
Patrick Carrico, President	I consent to serve as the new registered agent on behalf of this corporation.
	Patrick Carrico
Type or print name and title	Signature and Title
5/22/2015 11:52 AM	Type or print name and title