

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

51204415

0711531  
Michael G. Adams  
KY Secretary of State  
Received and Filed

1/21/2023 9:00:02 AM

Fee receipt: \$20.00

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

**Certificate of Renewal of  
Assumed Name**

**RAN**

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

**SUMMIT RISK SERVICES**

2. The assumed name is being renewed by:

**APEX INSURANCE AGENCY, LLC**

4. The business entity is organized and existing in the state or country of

**VA**

4. The mailing address of the business entity is:

**201 CONCOURSE BOULEVARD, GLEN ALLEN VA 23059**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**ROBERT W. LLOYD**  
1/21/2023