## L906

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

1212036 Michael G. Adams Received and Filed

1/10/2024 12:42:54 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** 

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

## **IMMUNITY INSURANCE, LLC**

and for that purpose submits the following statements:

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

110 PENMOKEN	359 CURTIN DR
LEXINGTON, KY 40503	Lexington, KY 40503

3. Authorized Signature of Entity

Matthew Simpson owner	11
Sgnature and Title	1 3
Matthew Simpson owner	
Type or print name and title	VIn-
1/10/2024 12:42 PM	VUED
Date	No.