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

2. White h X

Signature of Authorized Agent

Fee: The fee for this filing is \$10.

Division of Business Filings

P.O. Box 718

(2/23)

COMMONWEALTH OF KENTUCKY

Frankfort, KY 40602 (502) 564-3490	
Pursuant to the provisions of KRS 14A and KRS 271B, change the principal office address on behalf of	273, 274, 275, 362 or 386 the undersigned hereby applies to
J&W RISK SERVICES, INC.	and for that purpose submits the following:
(The name must be identical to the name on record with the Secr	
1. Principal office address currently on file:	Principal office is hereby changed to:
3250 LAKEPORT BLVD	3737 Lakeport Blvd
KLAMATH FALLS, OR 97601	Klamath Falls, OR 97601

MICHAEL G. ADAMS, SECRETARY OF STATE	
Statement of Change	of Principal Office Address

0498742.09

tsemones POC

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/31/2024 4:00 PM Fee Receipt: \$10.00

POC

Willie J. White **Printed Name**

1/29/24 Date