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

## **DEVONSHIRE INSURANCE AGENCY, INC.**

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

1. Address of current principal office	2. Principal office is hereby changed to:
100 SALEM STREET, 02N	900 SALEM STREET, OT1N3
SMITHFIELD, RI 02917	SMITHFIELD, RI 02917
	Ci 1
3. Signature of officer or chairman of the board	
Lance G. Warrick, Secretary	
Signature and Title	
Type or print name and title	
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