



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**0612652.09**

glowe  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 9/21/2022 9:17 AM  
 Fee Receipt: \$40.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Amended Certificate of Authority**  
**(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
 

<input checked="" type="checkbox"/> profit corporation <input type="checkbox"/> professional service corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> professional limited liability company <input type="checkbox"/> limited cooperative association <input type="checkbox"/> other	<input type="checkbox"/> nonprofit corporation. <input type="checkbox"/> business trust <input type="checkbox"/> limited partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> non-profit LLC
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2. The name of the company is: Anywhere Insurance Agency Inc.  
 (The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Massachusetts.
4. The entity received authority to transact business in Kentucky on 5/9/2005.
5. The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to	<u>Realogy Insurance Agency, Inc.</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to	<u>Realogy Insurance Agency, Inc.</u>
<input type="checkbox"/> Jurisdiction of organization to	_____
<input type="checkbox"/> Period of duration	_____
<input type="checkbox"/> Form of organization	_____
<input type="checkbox"/> Management type:	<input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
6. This application will be effective upon filing.

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

<u>Tiffany Meeker</u>	Tiffany Meeker	Special Manager	9/20/2022
Signature of Authorized Representative	Printed Name	Title	Date