

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
KY Secretary of State  
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PPOC

Alison Lundergan Grimes  
Secretary of State  
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Frankfort, KY 40602-0718  
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**Statement of Change of  
Principal Office Address**

**POC**

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

**TIM HAMILTON INSURANCE AGENCY, INC.**

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

**1. Address of current principal office**

401 LEWIS HARGETT CIRCLE  
STE 130  
LEXINGTON, KY 40503

**2. Principal office is hereby changed to:**

3933 Rock Ledge Ln  
LEXINGTON, KY 40513

**3. Signature of officer or chairman of the board**

Timothy Hamilton, President

Signature and Title

Type or print name and title

6/30/2018 8:41 PM

Date