Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, 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 a profit corporation (KRS 271B).
- 2. The name of the business entity is:

## **COTTINGHAM & BUTLER INSURANCE SERVICES, INC.**

- 3. It is an entity organized and existing under the laws of the state of lowa.
- The entity received authority to transact business in Kentucky on 6/8/2001. 4.
- This application will be effective upon filing. 5.
- 5. The entity has changed its

Form of organization to a limited liability company Domicile name to COTTINGHAM & BUTLER INSURANCE SERVICES, LLC Management type to Manager managed

As the authorized representative, I, Susan Murphy, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Title: Authorized Representative 3/27/2024

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Michael G. Adams

Received and Filed

Fee receipt: \$40.00

3/27/2024 10:13:37 AM

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