## **PPOC**

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of Sti KY Secretary of State

0318966 Michael G. Adams Received and Filed

4/23/2021 3:33:36 PM Fee receipt: \$10.00

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

## 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

## AFFILIATED INSURANCE AGENCIES, INC.

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

1. Address of current principal office	2. Principal office is hereby changed to:
1181 BLOOMFIELD RD.	5950 Lawrenceburg Road
BARDSTOWN, KY 40004	P. O. Box 200
	Chaplin, KY 40012

3. Signature of officer or chairman of the board

Warren L Pulliam, President	17.
Signature and Title	
Type or print name and title	11/2
4/23/2021 3:33 PM	DED
Date	