Alison Lundergan Grimes 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

L906

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

## **COFFMAN INSURANCE AGENCY, LLC**

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:
7530 DIXIE HWY	7204 DIXIE HWY
LOUISVILLE, KY 40258	LOUISVILLE, KY 40258
3. Signature of officer or chairman of the board	
Matthew Coffman, President	
Signature and Title	
Type or print name and title	
C-SG VID-	ED AND
8/20/2014 12:55 PM Date	WE
Date	
	aness and
	(Care )