Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o		Received and Filed	
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 o Principal Office Addres		

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

LOUISVILLE 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:
122 GIBSON RD.	1034 Scott Station Rd
LOUISVILLE, KY 40207	Shelbyville, KY 40065
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3. Signature of officer or chairman of the board	
Richard A Hawkins, Manager	
Signature and Title	
Type or print name and title	
7/40/2040 42:54 DM	AND SALANDA
7/18/2016 12:51 PM Date	WE
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