

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
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 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**HINKLE INSURANCE, INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

P. O. BOX 632  
BARBOURVILLE, KY 40906

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

417 Knox st  
Suite #2  
BARBOURVILLE, KY 40906

**3. Authorized Signature of Entity**

*Kevin Hinkle, President*

Signature and Title

Kevin Hinkle, President

Type or print name and title

3/16/2023

Date