

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

**L906**  
**1061672**  
**Michael G. Adams**  
**KY Secretary of State**  
Received and Filed  
**3/17/2021 12:59:08 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

**S. Morgan Commonwealth Benefits, LLC**

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

**1. Address of current principal office**

1588 Leestown Rd.  
Suite 130-306  
Lexington, KY 40511

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

1471 Dedman Branch Rd.  
West Liberty, KY 41472

**3. Signature of officer or chairman of the board**

Shannon E W Morgan, Owner

Signature and Title

Type or print name and title

3/17/2021 12:59 PM

Date