## Commonwealth of Kentucky Elaine N. Walker, Secretary of Sta

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Elaine N. Walker 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** 

**PPOC** 

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

## LENDING CYCLE, INC.

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

1.	Address	of	current	princia	oal office

ONE PARAGON CENTRE 600 DUTCHMANS LANE SUITE 320 LOUISVILLE, KY 40205

## 2. Principal office is hereby changed to:

ONE PARAGON CENTRE 6060 DUTCHMANS LANE SUITE 320 LOUISVILLE, KY 40205

3. Signature of officer or chairman of the board

John D. Jackson, Director

Signature and Title

Type or print name and title

6/13/2011 8:47 PM

Date