

**Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State**

PPOC  
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Elaine N. Walker  
Secretary of State  
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Elaine N. Walker  
Secretary of State  
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**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

**MIDDLEFORK INSURANCE AGENCY, INC.**

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

**1. Address of current principal office**

RT 3, BOX 68, MAIN STREET  
BOONEVILLE, KY 41314

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

21 Ky 11 South  
BOONEVILLE, KY 41314

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

Nelson Bobrowski, President

Signature and Title

Type or print name and title

10/12/2011 11:40 AM

Date