Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

The Crume Organization Limited Liability Company

and for that purpose submits the following statements:

(502) 564-3490 http://www.sos.ky.gov

149 OWEN RD 246 Foster Ln MOUNT WASHINGTON, KY 40047 Shepherdsville, KY 40165 3. Authorized Signature of Entity Image: Comparison of the state of t	1. Address of current principal office	2. Principal office is hereby changed to:
3. Authorized Signature of Entity Timothy Crume, Owner Signature and Title Timothy Crume, Owner Type or print name and title 4/8/2024	149 OWEN RD	
Timothy Crume, Owner Sgnature and Title Timothy Crume, Owner Type or print name and title 4/8/2024	MOUNT WASHINGTON, KY 40047	
Sgnature and Title Timothy Crume, Owner Type or print name and title 4/8/2024	3. Authorized Signature of Entity	
Timothy Crume, Owner Type or print name and title 4/8/2024	Timothy Crume, Owner	
Type or print name and title 4/8/2024	Sgnature and Title	
4/8/2024	Timothy Crume, Owner	
	Type or print name and title	
Date	4/8/2024	LED WE STREAM
	Date	

L905