

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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**Alison Lundergan Grimes**  
**KY Secretary of State**  
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Alison Lundergan Grimes  
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 chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

**NETWORKED INSURANCE AGENTS LLC**

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

**1. Address of current principal office**

988 MCCOURTNEY ROAD  
GRASS VALLEY, CA 95949

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

443 Crown Point Circle, Ste. A  
GRASS VALLEY, CA 95945

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

GEORGE IMHOFF, PRESIDENT

Signature and Title

Type or print name and title

6/11/2014 1:32 PM

Date