6/24/2014 0773905	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Filed	L905
		6/24/2014 11:45:41 AM	N

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Statement of Change or **Registered Office, Registered** Agent, or Both

Λ Fee receipt: \$10.00

## RAC

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

## **CMC Collision Center LLC**

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
	CRAIG CLIFT
3. Address of current registered office	4. Registered office is hereby changed to:
10395 ALEXANDRIA PIKE ALEXANDRIA, KY 41001	10793 Pleasant Ridge Road ALEXANDRIA, KY 41001

5. Signature of officer or chairman of the board	6. Consent of new agent
Craig Clift, Owner	I consent to serve as the new registered agent on behalf of this corporation.
122 OCA	Craig Clift Signature and Title
Type or print name and title 6/24/2014 11:45 AM	Type or print name and title
Date	