4/19/2010 0495726

## Commonwealth of Kentucky Trey Grayson, Secretary of State

0495726.09 Trey Grayson Secretary of State Received and Filed

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Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

# **Statement of Change of Registered Agent Name/Address**

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

### LYONS INSURANCE AGENCY, INC.

The current registered agent name and address for the organization is:

C T CORPORATION SYSTEM 4169 WESTPORT ROAD LOUISVILLE KY 40207

The registered agent name and address for the organization is being changed to:

C T CORPORATION SYSTEM 306 W MAIN ST SUITE 512 FRANKFORT KY 40601

#### **Acknowledgements:**

I acknowledge that the registered agent entered above is a company authorized to do business in the state of Kentucky and that the signature below is of an individual authorized to sign for the registered agent.

#### **Consent of agent**

I declare that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. I consent to serve as the registered agent on behalf of this company.

Marie Hauer

This document was filed electronically via a batch update request.