7/24/2018 0495726		Commonwealth of Kentucky Indergan Grimes, Secretary o	Received and Fi	f State iled)1	
Alison Lunde	rgan Grimes	Statement of Change a	7/24/2018 4 Fee receipt:			
Secretary P. O. B		Statement of Change of Registered Office Registered		RAC		

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

Statement of Change on Registered Office, Registered Agent, or Both

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.

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
Corporation Service Company	REGISTERED AGENT SOLUTIONS, INC.
3. Address of current registered office	4. Registered office is hereby changed to:
421 WEST MAIN STREET FRANKFORT, KY 40601	828 Lane Allen Road Suite 219 LEXINGTON, KY 40504

5. Signature of officer or chairman of the board	6. Consent of new agent
Harry M. Garrett, CFO	I consent to serve as the new registered agent on behalf of this corporation.
1281/0022	REGISTERED AGENT SOLUTIONS, INC.
Type or print name and title	Signature and Title
7/24/2018 4:50 PM	Type or print name and title
Date	