#### L905

### 12/18/2018 1031529

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
Received and Filed
12/18/2018 3:14:52 PM

Fee receipt: \$10.00

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

1. Name of current registered agent

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

2. Registered agent is hereby changed to:

**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

### **Crossroads Insurance Group, LLC**

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

Joey Herm	JOEY HERM
3. Address of current registered office	4. Registered office is hereby changed to:
214 Parker Dr La Grange, KY 40031	230 Twin Eagles Pkwy Mount Washington, KY 40047
5. Signature of officer or chairman of the board	6. Consent of new agent
Joseph H Herm III, Authorized Rep  Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.  Joey Herm
Type or print name and title 12/18/2018 3:14 PM	Signature and Title
Date	Type or print name and title