7/13/2016 0709934		Commonwealth of Kentucky Indergan Grimes, Secretary o	gan Grimes, Secretary of KY Secretary of State Received and Filed 7/13/2016 12:49:51 PM	
Alison Lunde	ergan Grimes	Statement of Change a	Fee receipt:	
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490		Statement of Change on Registered Office, Registered Agent, or Both		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

HOME PLACE - THE SAVANNA VIEW HOMEOWNERS ASSOCIATION, INC.

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

http://www.sos.ky.gov

CHARLES C. REID
4. Registered office is hereby changed to:
1117 BRICK HOUSE LN LEXINGTON, KY 40509
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5. Signature of officer or chairman of the board	6. Consent of new agent	
CHARLES C. REID, PRESIDENT	I consent to serve as the new registered agent on behalf of this corporation.	
	CHARLES C. REID	
Type or print name and title	Signature and Title	
7/13/2016 12:49 PM	Type or print name and title	