

5/12/2016  
0906344

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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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 of  
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

**LEXINGTON LASHES, LLC**

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

**1. Name of current registered agent**

AMANDA WALTON

**2. Registered agent is hereby changed to:**

AMANDA WALTON

**3. Address of current registered office**

154 PATCHEN DRIVE  
#80  
LEXINGTON, KY 40517

**4. Registered office is hereby changed to:**

121 Malabu drive  
#9  
LEXINGTON, KY 40503

**5. Signature of officer or chairman of the board**

Amanda walton, Owner  
Signature and Title

Type or print name and title

5/12/2016 9:19 AM  
Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.

Amanda Walton  
Signature and Title

Type or print name and title