## 4/29/2014 0401775

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State

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** 

P601

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

## CITY CAFE, INC.

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
JOAN E. TAYLOR	Joseph B. Buren
3. Address of current registered office	4. Registered office is hereby changed to:
3300 MOUNT RAINIER DRIVE LOUISVILLE, KY 40241	2716 Lakeside Drive LOUISVILLE, KY 40205
5. Signature of officer or chairman of the board	6. Consent of new agent
Joseph B. Buren, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Joseph B. Buren
Type or print name and title	Signature and Title
4/29/2014 10:43 AM	Type or print name and title
Date	Type of plint hame and the