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

Statement of Change or **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

LEAK ELIMINATORS, LLC

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:
KAREN LAWRENCE	Karen LAWRENCE
3. Address of current registered office 1004 PARKER RIDGE DR. FRANKFORT, KY 40601	4. Registered office is hereby changed to: 604 Bizzell Dr., Suite 150 Lexington, KY 40510

5. Signature of officer or chairman of the board	6. Consent of new agent
Richard Lawrence, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	. Signature and Title
12/19/2011 10:08 AM Date	Type or print name and title