6/24/2014 0849581

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

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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

1. Name of current registered agent

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

2. Registered agent is hereby changed to:

RAC

L905

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

Claim Service Group Limited Liability Company

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

Tim Anderson	Tim Anderson
3. Address of current registered office	4. Registered office is hereby changed to:
116 Burdsall Avenue Fort Mitchell, KY 41017	5720 Cody Road Independence, KY 41051
5. Signature of officer or chairman of the board	6. Consent of new agent
Tim Anderson, Principal 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
6/24/2014 11:01 PM	Type or print name and title