2/23/2017 0844587		ommonwealth of Kentucky Idergan Grimes, Secretary o	Received and Filed	Pt
Alison Lunder	gan Grimes	Statement of Change (	2/23/2017 3:05:06 PM Fee receipt: \$10.00	

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

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

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

## **BURSTEIN INSURANCE GROUP, 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:
SLAVA BURSTEIN	SLAVA BURSTEIN
3. Address of current registered office	4. Registered office is hereby changed to:
3030 BRECKENRIDGE LN #510	102 Daventry Ln Ste 7 LOUISVILLE, KY 40223
LOUISVILLE, KY 40220	

5. Signature of officer or chairman of the board	6. Consent of new agent
Slava Burstein, CEO Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Slava Burstein
Type or print name and title	Signature and Title
2/23/2017 3:05 PM Date	Type or print name and title

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RAC