

1/12/2012  
0605591

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

P601  
0605591  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
1/12/2012 8:55:28 AM  
Fee receipt: \$10.00

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

**LOVEWELL INSURANCE AGENCY, INC**

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

**1. Name of current registered agent**

KARLA LOVEWELL

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

KARLA LOVEWELL

**3. Address of current registered office**

4729 DIXIE HWY  
LOUISVILLE, KY 40216

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

9733 Third Street Road  
LOUISVILLE, KY 40272

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

Karla Lovewell, Agent  
Signature and Title

Type or print name and title

1/12/2012 8:55 AM  
Date

**6. Consent of new agent**

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

Karla Lovewell  
Signature and Title

Type or print name and title