4/26/2017 0898595		Commonwealth of Kentucky lison Lundergan Grimes, Secretary o		gan Grimes of State iled	L905
Alison Lunde			4/26/2017 5 Fee receipt:		
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718		Statement of Change on Registered Office, Registered RA		RAC	

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

PETER CAVE COUNTRY STORE & CAFE LLC

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

(502) 564-3490 http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
RANDY T. THOMPSON	Mona Thompson
3. Address of current registered office	4. Registered office is hereby changed to:
13530 SOUTH 259 HIGHWAY LEITCHFIELD, KY 42754	13530 SOUTH 259 HIGHWAY LEITCHFIELD, KY 42754

5. Signature of officer or chairman of the board	6. Consent of new agent
Mona Thompson, Owner Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Mona Thompson
Type or print name and title	Signature and Title
4/26/2017 5:20 PM	Type or print name and title
Date	