4/1/2014 0524329

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0524329

Alison Lundergan Grimes **KY Secretary of State** Received and Filed

4/1/2014 11:39:28 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

1. Name of current registered agent

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

RAC

P601

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

CMS INSURANCE AGENCY, INC.

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
THERESE ANNE MATTHEWS	JENNIFER NUGENT
3. Address of current registered office	4. Registered office is hereby changed to:
114 W. MAPLE AVENUE FT. MITCHELL, KY 41011	224 TREE TOP DRIVE BUTLER, KY 41006
5. Signature of officer or chairman of the board	6. Consent of new agent
Daniel R. Meiners, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	JENNIFER NUGENT
	Signature and Title
Type or print name and title	
4/1/2014 11:39 AM	Type or print name and title
Date	- Type of pint name and alle