## 3/22/2018 0051745

## **Commonwealth of Kentucky** Alison Lundergan Grimes, Secretary o

0051745 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

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

**RAC** 

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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

## AL TORSTRICK 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	2. Registered agent is hereby changed to:
SANDRA T. BLAIN	Al Torstrick Insurance Agency
3. Address of current registered office	4. Registered office is hereby changed to:
343 WALLER AVENUE LEXINGTON, KY 40504  5. Signature of officer or chairman of the board	343 WALLER AVENUE LEXINGTON, KY 40504
	6. Consent of new agent
Allison T. Johnson, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Allison T. Johnson
Type or print name and title	Signature and Title
Type of print name and the	
3/22/2018 2:05 PM	Type or print name and title
Date	