## 5/25/2017 0985788

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

5/25/2017 11:02:38 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 of Registered Office, Registered Agent, or Both

2. Registered agent is hereby changed to:

**RAC** 

L905

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

## SOUTH CENTRAL INSURANCE, LLC

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

LILLIE MARIE SMALLWOOD	Kristi M Phillips
3. Address of current registered office	4. Registered office is hereby changed to:
431 OVERVIEW DRIVE SOMERSET, KY 42503	1027 Winding Ridge Dr SOMERSET, KY 42503
5. Signature of officer or chairman of the board	6. Consent of new agent
Kristi M Phillips, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Kristi M Phillips
Type or print name and title	Signature and Title
5/25/2017 11:02 AM	Type or print name and title