

5/21/2015
0770061

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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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 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

ALLIANCE INSURANCE SOLUTIONS LLC

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

1. Name of current registered agent

LONNY POWELL

2. Registered agent is hereby changed to:

LONNY POWELL

3. Address of current registered office

2205 RENOWN DR
LOUISVILLE, KY 40299

4. Registered office is hereby changed to:

9612 Taylorsville Road
Suite 200
LOUISVILLE, KY 40299

5. Signature of officer or chairman of the board

Lonny Powell, Agent/Officer
Signature and Title

Type or print name and title

5/21/2015 4:17 PM
Date

6. Consent of new agent

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

Lonny Powell
Signature and Title

Type or print name and title