3/1/2017 0773313	Commonwealth of Kentuck Alison Lundergan Grimes, Secretar	Alison Lundergan Grimes		
Alison Lundergan Grimes			3/1/2017 11:42:16 AM Fee receipt: \$10.00	

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

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

## **KENTUCKY DIABETES CAMP FOR CHILDREN, 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:
BRYAN FALLON	Megan Cooper
3. Address of current registered office	4. Registered office is hereby changed to:
1613 FOREST HILL DRIVE LOUISVILLE, KY 40205	1640 Lyndon Farm Court Suite 108 LOUISVILLE, KY 40223

5. Signature of officer or chairman of the board	6. Consent of new agent
Megan Cooper, Executive Director	I consent to serve as the new registered agent on behalf of this corporation.
	Megan Cooper
Type or print name and title	Signature and Title
3/1/2017 11:42 AM	Type or print name and title