

10/10/2019  
1049615

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

**APPALACHIAN KENTUCKY HEALTH CARE ACCESS NETWORK, INC.**

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

**1. Name of current registered agent**

GINA L. BRIEN

**2. Registered agent is hereby changed to:**

GINA L. BRIEN

**3. Address of current registered office**

117 CIVIC CENTER  
MT. STERLING, KY 40353

**4. Registered office is hereby changed to:**

124 N. Maysville Street  
MT. STERLING, KY 40353

**5. Signature of officer or chairman of the board**

Sue Thomas-Cox, Chair  
Signature and Title  
Type or print name and title  
10/10/2019 10:16 AM  
Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.  
Gina L. Brien  
Signature and Title  
Type or print name and title