

4/19/2019  
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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

**UNIVERSITY OF KENTUCKY HOSPITAL AUXILIARY, INC.**

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

**1. Name of current registered agent**

GAIL CARPENTER

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

Jane Wallace

**3. Address of current registered office**

1000 SOUTH LIMESTONE  
ALBERT CHANDLER MEDICAL CTR  
UNIVERSITY OF KENTUCKY  
ROOM A.01.129  
LEXINGTON, KY 405360293

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

1000 SOUTH LIMESTONE  
ALBERT CHANDLER MEDICAL CTR  
UNIVERSITY OF KENTUCKY  
ROOM A.01.129  
LEXINGTON, KY 405360293

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

Katie Hantle, Manager, Volunteer Services

Signature and Title

Type or print name and title

4/19/2019 9:13 AM

Date

**6. Consent of new agent**

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

Jane Wallace

Signature and Title

Type or print name and title