5/30/2019 0119459		Commonwealth of Kentucky Indergan Grimes, Secretary o	Received and Filed 5/30/2019 9:59:01 AM Fee receipt: \$10.00		N601
Alison Lunde		Statement of Change of			
Secretary of State P. O. Box 718		Statement of Change on Bogistorod		RAC	

Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change on Registered Office, Registered Agent, or Both

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

AMERICAN BOARD OF FAMILY MEDICINE, INC.

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
JAMES C. PUFFER, M.D.	WARREN P. NEWTON, M.D.
3. Address of current registered office	4. Registered office is hereby changed to:
1648 MCGRATHIANA PARKWAY FIFTH FLOOR	1648 MCGRATHIANA PARKWAY FIFTH FLOOR

LEXINGTON, KY 40511

LEXINGTON, KY 40511

5. Signature of officer or chairman of the board

 Trisha Layow, Controller
 I consent of new agent

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

 Type or print name and title
 Signature and Title

 5/30/2019 9:59 AM
 Type or print name and title

 Date
 Type or print name and title