6/19/2017 0512979	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	0512979 Alison Lundergan Grimes KY Secretary of State Received and Filed	P601
Alison Lunde		6/19/2017 3:30:28 PM Fee receipt: \$10.00	

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 on 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

AMERICAN HEALTH PROVIDERS, 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:
MICHAEL T. SUTTON	Matthew Bryan Ellis
3. Address of current registered office	4. Registered office is hereby changed to:
130 DUDLEY RD. SUITE 250 EDGEWOOD, KY 41017	508 Fieldgate Dr. Florence, KY 41042

5. Signature of officer or chairman of the board	6. Consent of new agent
Matthew Ellis, owner Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
200	Matthew Bryan Ellis
Type or print name and title	Signature and Title
6/19/2017 3:30 PM	Type or print name and title