## 4/10/2017 0169094

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

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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 or Registered Office, Registered Agent, or Both

**RAC** 

N601

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

## REGIONAL HEALTH CARE AFFILIATES, 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:
WILLIAM C. SMITH	SHARON LANGSTON
3. Address of current registered office	4. Registered office is hereby changed to:
2251 WESTERFIELD DRIVE	2251 WESTERFIELD DRIVE
SUITE B PROVIDENCE, KY 42450	SUITE B PROVIDENCE, KY 42450
5. Signature of officer or chairman of the board	6. Consent of new agent
JENNAFER CHANDLER, CHIEF ADMINISTRATIVE Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	SHARON LANGSTON
Type or print name and title	Signature and Title
4/10/2017 11:28 AM	
4/10/2017 11.28 AIVI	Type or print name and title