

6/21/2018
0169094

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0169094
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
6/21/2018 9:35:05 AM
Fee receipt: \$10.00

N601

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

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

SHARON LANGSTON

2. Registered agent is hereby changed to:

Shelley Gobin

3. Address of current registered office

2251 WESTERFIELD DRIVE
SUITE B
PROVIDENCE, KY 42450

4. Registered office is hereby changed to:

121 E. Main St.
P.O. Box 134
Providence, KY 42450

5. Signature of officer or chairman of the board

Jennafer Chandler, Chief Administrative Officer

Signature and Title

Type or print name and title

6/21/2018 9:35 AM

Date

6. Consent of new agent

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

Shelley Gobin

Signature and Title

Type or print name and title