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kdcoleman AMD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/30/2021 11:21 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718

Amended Certificate of Assumed Name

AAN

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic of	roleigh business chili	у)	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>
Pursuant to the provisions of KR purpose, submits the following s	statement:		ertificate of assumed	name and, for that
1. The assumed name isDea	an Dorton Ford F	esc		
	(The name must)	be identical to the name on reco		State.)
2. The certificate of assumed na	ame was filed with th	ne Secretary of State on: 06	6/12/2008	
3. The current principal office ac	¥			
106 W. Vine St, Suite 600		Lexington	· KY	40507
Street Address or Post Office Box Number		City	State	Zip
4. The principal office address is	hereby changed to			•
250 W Main St, Ste 1400		Lexington	KY	40507
Street Address or Post Office Box Numbers		City	State	Zip
P = 1				
5. The changes in the identity o	the partners are as	stollows:		-, - <u>; - </u>
- '- '	 			· · · · · · · · · · · · · · · · · · ·
		,		•
I declare under penalty of perjury	y under the laws of I	Kentucky that the forgoing is	true and correct.	
				•
1			C 11	/
Signature of Applicant	Printed Name	Aclams	Secutary Duce	hr 3/10/2
Oignature of Applicant	r titted traine		in Pinan	ic bate
		•		