

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**W. SPENCER SHIPLEY, DMD, P.S.C.**

and for that purpose submits the following statements:

**1. Address of current principal office**

9900 OLD THIRD STREET RD  
LOUISVILLE, KY 40272

**2. Principal office is hereby changed to:**

9900 THIRD STREET RD  
LOUISVILLE, KY 40272

**3. Authorized Signature of Entity**

*W. Spencer Shipley, President*

Signature and Title

W. Spencer Shipley, President

Type or print name and title

4/4/2023

Date