## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St KY Secretary of State

0341803 Michael G. Adams Received and Filed

5/6/2024 8:59:44 PM Fee receipt: \$10.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Statement of Change of Principal Office Address**

**POC** 

**PPOC** 

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

## CROTHALL HEALTHCARE INC.

and for that purpose submits the following statements:

1. Address of current principal office	2. Principal office is hereby changed to:	
1500 LIBERTY RIDGE DRIVE	1550 Liberty Ridge Dr Ste 110	
STE 210	Chesterbrook, PA 19087	
WAYNE, PA 19087		
WAYNE, PA 19087		

3. Authorized Signature of Entity

Donnett Purnell	
Sgnature and Title	
Type or print name and t	itle
5/6/2024 8:59	PM
Date	40101