

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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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

**BLUEGRASS PHARMACISTS ASSOCIATION, INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

C/O ROBERT STANLEY SCATES  
1088 TABORLAKE DRIVE  
Lexington, KY 40502-3051

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

C/O Michael Burleson  
466 Goldon Trophy Trail  
Lexington, KY 40514

**3. Authorized Signature of Entity**

*Michael Burleson, President*

Signature and Title

Michael Burleson, President

Type or print name and title

2/6/2025

Date