

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

**0785308**  
**Alison Lundergan Grimes**  
**KY Secretary of State**  
Received and Filed  
**6/13/2018 4:52:04 PM**  
Fee receipt: \$10.00

**L906**

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  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

**Trilogy Healthcare of Fayette III, LLC**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

**1. Address of current principal office**

303 N. HURSTBOURNE PARKWAY  
LOUISVILLE, KY 40222

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

347 N HURSTBOURNE PKWY STE 200  
LOUISVILLE, KY 40222

**3. Signature of officer or chairman of the board**

BRADLEY A WILLIAMSON, AUTHORIZED SIGNER

Signature and Title

Type or print name and title

6/13/2018 4:52 PM

Date