Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o		Received and Filed	
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 o Principal Office Addres		

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 GLEN RIDGE, LLC

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

1. Address of current principal office	2. Principal office is hereby changed to:
351 N HURSTBOURNE PKWY STE 200	303 N HURSTBOURNE PKWY STE 200
LOUISVILLE, KY 40222	LOUISVILLE, KY 40222
3. Signature of officer or chairman of the board	
Bradley A. Williamson, Annual Report Signer	
Signature and Title	
Type or print name and title	
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