## L906

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

0892509 Michael G. Adams Received and Filed 5/24/2021 4:21:39 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** 

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

## **SLONE DENTAL ARTS, PLLC**

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

1. Address of current principal office	2. Principal office is hereby changed to:
4383 OLD HARRODSBURG RD. #140	3116 HARRODSBURG ROAD
LEXINGTON, KY 40513	#110
	LEXINGTON, KY 40503
The state of the s	9/1
	5: 1

3. Signature of officer or chairman of the board

SARAH SLONE CARTER, OWNER	17
Signature and Title	
Type or print name and title	
5/24/2021 4:21 PM	DEN
Date	