

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

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
Secretary of State  
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**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

**VAN WINKLE CHIROPRACTIC, LLC**

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

**1. Address of current principal office**

327 CHESTNUT STREET  
BEREA, KY 40403-1921

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

427 CHESTNUT STREET  
Suite 3  
BEREA, KY 40403-1547

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

DR. JAMES R. VAN WINKLE, OWNER

Signature and Title

Type or print name and title

5/20/2016 1:58 PM

Date