| Commonwealth of Kentucky<br>Alison Lundergan Grimes, Secretary o  |  | 0928910<br>Alison Lundergan Grimes<br>KY Secretary of State<br>Received and Filed<br>9/3/2018 5:31:31 PM |  | L906 |
|---|--|--|--|------|
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov | Statement of Change o<br>Principal Office Addres | Fee receipt: \$10.00   |  |      |

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

## Therapeutic Massage and Wellness, 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: |
|--|---|
| 3113 WYNBROOKE CIR                               | 9302 New LaGrange Rd #F                   |
| Louisville, KY 40241                             | Louisville, KY 40242                      |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| 3. Signature of officer or chairman of the board |   |
| Tonya Michelson, Owner                           |   |
| Signature and Title                              |   |
|  |   |
| Type or print name and title                     |   |
|  | EA-VASS-                                  |
| 9/3/2018 5:31 PM<br>Date                         | WE  |
| Date   | A Brown                                   |
|  | AL CODE                                   |
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