

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

PO BOX 850247  
MOBILE, AL 36685-0247

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

4497 DEWES RD  
THEODORE, AL 36582

**3. Authorized Signature of Entity**

*CYNTHIA KIKER , Secretary*

Signature and Title

CYNTHIA KIKER , Secretary

Type or print name and title

5/31/2024

Date