

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

WOLFORD CHIROPRACTIC & WELLNESS CENTER 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:
PO BOX 1379	138 Eastbrooke Court Suite 130
MT WASHINGTON, KY 40047-1379	Mt. Washington, KY 40047
3. Signature of officer or chairman of the board	
Dr. Jason R. Wolford, CEO	
Signature and Title	
Type or print name and title	
2/11/2011 10:56 AM	DED WE FALLER
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