| Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o | | Received and Filed | |
|---|--|--------------------|--|
| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Statement of Change or Principal Office Address | | |

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

KENTUCKY ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, INC.

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: |
|--|---|
| 245 FOUNTAIN CT. STE. 225 | 496 Southland Drive |
| LEXINGTON, KY 40509 | LEXINGTON, KY 40503 |
| | |
| | |
| | |
| | |
| 3. Signature of officer or chairman of the board | |
| | |
| Fareesh Hobbs Kanga, Treasurer/ Secretary | |
| | |
| Type or print name and title | A A |
| 5/12/2017 10:14 AM | EP ASS |
| Date | WE |
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