

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

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Michael G. Adams  
KY Secretary of State  
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NPOC

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

**Polypharmacy Network Inc.**

and for that purpose submits the following statements:

**1. Address of current principal office**

2804 SMOKE RD  
LOUISVILLE, KY 40220

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

2727 ANTONE PARKWAY  
LOUISVILLE, KY 40220

**3. Authorized Signature of Entity**

*Robert W Smith, Executive Director*

Signature and Title

Robert W Smith, Executive Director

Type or print name and title

7/1/2022 6:15 AM

Date