

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

0553423  
Michael G. Adams  
KY Secretary of State  
Received and Filed

NPOC

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**Fee receipt: \$10.00**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND  
RESEARCH, INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

1221 S BROADWAY  
LEXINGTON, KY 40504

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

190 MARKET STREET  
LEXINGTON, KY 40507

**3. Authorized Signature of Entity**

*Brad Derifield, Authorized Representative*

Signature and Title

Brad Derifield, Authorized Representative

Type or print name and title

**4/30/2024 2:33 PM**

Date