POC

3/14/2019 9:08:14 PM Fee receipt: \$10.00

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 of 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

## 5:16 CLINIC, 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:
421 WOODS EDGE DRIVE	P.O. Box 3327
SOMERSET, KY 42503	West Somerset, KY 42564
3. Signature of officer or chairman of the board	
Mary History mus Traggurar	
Mary Hieronymus, Treasurer Signature and Title	
Type or print name and title	EST A MAR
	E A ASSA
3/14/2019 9:08 PM Date	WE
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