

**Commonwealth of Kentucky**  
**Elaine N. Walker, Secretary of State**

NPOC

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Elaine N. Walker  
Secretary of State  
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Elaine N. Walker  
Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

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

**CHRONIC PAIN SUPPORT GROUP, INC.**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

**1. Address of current principal office**

629 North Broadway Suite 102  
LEXINGTON, KY 40508

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

Chronic Pain Support Group, Inc.  
535 West Second Street  
Suite 202  
LEXINGTON, KY 40508

**3. Signature of officer or chairman of the board**

Lonnie Cowan, Director

Signature and Title

Type or print name and title

2/14/2011 8:03 PM

Date