

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

NPOC  
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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
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**

CHRONIC PAIN SUPPORT GROUP, INC.  
535 WEST SECOND STREET  
SUITE 202  
LEXINGTON, KY 40508

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

P.O. Box 503  
P.O.  
P.O. Box 503  
Lexington  
Lexington, KY 40588

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

Lonnie Cowan, Dir

Signature and Title

Type or print name and title

4/10/2017 11:42 PM

Date