

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

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Michael G. Adams  
KY Secretary of State  
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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

**MM ROOFING limited partnership**

and for that purpose submits the following statements:

**1. Address of current principal office**

1615 BLUEGRASS AVE  
LOUISVILLE, KY 40215

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

4903 S 5TH ST  
LOUISVILLE, KY 40214

**3. Authorized Signature of Entity**

**MAYRA REYES, PARTNER**

Signature and Title

**MAYRA REYES, PARTNER**

Type or print name and title

**4/19/2024**

Date