

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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Amended Certificate of Authority

FCA

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

1. The business entity is a **nonprofit corporation (KRS 273)**.
2. The name of the business entity is:
Valley Health Louisa Eye Care Inc.
3. The entity is organized and existing in the state or country of **West Virginia**
4. The entity received authority to transact business in Kentucky on **12/24/2024**.
5. This filing will be effective on **Wednesday, January 22, 2025**.
6. The entity has changed its
Form of organization to a **nonprofit corporation**
Domicile name to **VALLEY HEALTH LOUISA INC.**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Director of Finance and Grants: Elizabeth Blair**