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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/28/2012 8:21 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for that p	urpose submits the fo	llowing statements:
Article I: The name of the limited	I liability company is			
ALL ABOUT CHANGE	E, LLC			
Article II: The street address of	he limited liability con	nnany's initial registered office	in Kentucky is	
2824 Dell Brooke Ave		Louisville	Kentucky	40220
Street Address Only (No Post Office E	ox Numbers)	City	State	Zip Code
-	·	Chalia Maria Cura	diff	•
and the name of the initial registe	ered agent at that office	ce is		A CONTRACTOR OF THE PROPERTY O
Article III: The mailing address of	of the limited liability c	ompany's initial principal office	is	
5103 Preston Hwy Ste	2	Louisville	Kentucky	40213
Street Address or Post Office Box Nu	nber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing,	unless a delayed effective date	e and/or time is provid	ed. The effective
date or the delayed effective date	e cannot be prior to th	ne date the application is filed.	The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws o	of the state of Kentucky that the	foregoing is true and	correct.
Shelum fundus Shelia Mar		Shelia Marie Cund	iff	3/20/2012
Signature of Organizer	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Shelia Marie Cundiff Print Name of Registered Agent		, consent to serve as the registered Shelia Marie Cund	- j	ed liability company.
Signature of Registered Agent		Printed Name	Date	

(01/12)