Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

All In 1 Medical Billing and Provider Credentialing Services, LLC

and for that purpose submits the following statements:

http://www.sos.ky.gov

3142 Doreen Way 1935 S HURS Saint Regis Park, KY 40220 SUITE 1055 LOUISVILLE,	STBOURNE PARKWAY
3. Authorized Signature of Entity Stephanie Hall, Owner	UCK.
Sgnature and Title Stephanie Hall, Owner	
Type or print name and title	/////
7/6/2023 2:51 PM Date	