

**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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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**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

**TRI-STATE HEALTH INTEGRATED SERVICES INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

901 US HWY 68  
STE 1000  
MAYSVILLE, KY 41056

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

4010 Impasse Lane  
MAYSVILLE, KY 41056

**3. Authorized Signature of Entity**

*Alicia Moran, Officer*

Signature and Title

Alicia Moran, Officer

Type or print name and title

3/18/2024

Date