## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Statement of Change of Principal Office Address**

POC

L906

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

## TRILOGY HEALTHCARE CENTERS, LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Address of current principal office	2. Principal office is hereby changed to:
9400 WILLIAMSBURG PLAZA, STE 300 LOUISVILLE, KY 40222	303 N. Hurstbourne Parkway Suite 200 Louisville, KY 40222
3. Signature of officer or chairman of the board	
Laura Louis, POA	
Signature and Title	/ \ \
Type or print name and title	
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Date	- WE