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

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:

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| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|--|---|
| 322 N. HURSTBOURNE PARKWAY SUITE 200 LOUISVILLE, KY 40222 | 303 N. Hurstbourne Parkway Suite 200 Louisville, KY 40222 |
| 3. Signature of officer or chairman of the board Bradley A. Williamson, Annual Report Signer Signature and Title | |
| Type or print name and title | |
| 6/18/2019 5:09 PM | WE |
| Carlos and a second | CARD ST |

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6/18/2019 5:09:57 PM Fee receipt: \$10.00

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