Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o		Received and Filed	
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 o Principal Office Addres		

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

## SPRING VIEW HEALTH & REHAB CENTER, INC.

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:
602 COURTLAND STREET	485 N. Keller Road Suite 250
ORLANDO, FL 32804	Maitland, FL 32751
3. Signature of officer or chairman of the board	
Michelle Givens, President	
Signature and Title	
Type or print name and title	
12/3/2015 10:16 AM	WE FALLAND
Date	
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