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

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

## New York Rehab II 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: |
|--|---|
| 71 Cavalier Blvd Suite 316<br>Florence, KY 41042   | 13 SHELBY STREET<br>Florence, KY 41042    |
|  |   |
| 3. Signature of officer or chairman of the board   | õ   |
| JODI FUNKE, MANAGING MEMBER<br>Signature and Title |   |
| Type or print name and title                       |   |
| 7/2/2012 12:44 PM<br>Date                          | WEFF                                      |
|  | 27.682                                    |
|  |   |

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