

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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0572536.06
Michael G. Adams
Secretary of State
Received and Filed
11/14/2024 9:17:08 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

WNN HOUSING SERVICES

2. The name of the business entity that is adopting the assumed name:

FCFH PROPERTY MANAGEMENT LLC

3. The entity is organized and existing in the state or country of **DE**

4. The mailing address is:

ONE WASHINGTON MALL, SUITE 500, BOSTON MA 02108

This filing will be effective on **Thursday, November 14, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Signatory:**

Susan Malatesta

11/14/2024 9:17:08 AM