

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

1016836  
Michael G. Adams  
KY Secretary of State  
Received and Filed

6/27/2024 3:00:48 PM

Fee receipt: \$10.00

L905

Michael G. Adams  
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 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**ROSS HEALTHCARE PROPERTIES, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

716 KENNEDY ROAD  
EDDYVILLE, KY 42038

**2. Principal office is hereby changed to:**

386 MOON BAY DRIVE  
KUTTAWA, KY 42055

**3. Authorized Signature of Entity**

*CHANIN HILAND, Member*

Signature and Title

CHANIN HILAND, Member

Type or print name and title

6/27/2024

Date