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

## KENTUCKY SOCIETY OF HEALTH-SYSTEMS PHARMACISTS, 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:
P.O. BOX 4961 LOUISVILLE, KY 40204	2132 Maryland Avenue LOUISVILLE, KY 40205
S A	
3. Signature of officer or chairman of the board	
Nick Vaccaro, Officer	
Type or print name and title	
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