

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<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

**THE NORTHERN KENTUCKY MEDICAL FOUNDATION, INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

P O BOX 175  
Alexandria, KY 41001

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

P O BOX 175  
Alexandria, KY 41001

**3. Authorized Signature of Entity**

*Mahala Schack, Executive Director*

Signature and Title

Mahala Schack, Executive Director

Type or print name and title

3/13/2025

Date