

**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
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Amended Certificate of Assumed
Name**

AAN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to amend the certificate of assumed name, and for that purpose, submits the following statements:

1. The assumed name is:

FRANKFORT PEDIATRIC DENTISTRY

2. The certificate of assumed name was filed with the Secretary of State on Wednesday, April 18, 2018

3. The current mailing address is:

2809 ALTA VISTA CT., LOUISVILLE KY 40206

4. The mailing address is changed to:

110 Diagnostic Drive, Frankfort KY 40601

5. This certificate will be effective upon filing.

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

John Schulten