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**

Fee receipt: \$10.00 POC

6/11/2020 11:22:57 AM

0904438

Michael G. Adams

Received and Filed

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

## **RECOVERY HOUSE, LLC**

which is organized in the state of Delaware, and for that purpose submits the following statements:

.

| 1. Address of current principal office                               | 2. Principal office is hereby changed to:          |
|----------------------------------------------------------------------|----------------------------------------------------|
| 1317 ROUTE 73N<br>SUITE 200<br>1317 ROUTE 73N<br>MT LAUREL, NJ 08054 | 1317 ROUTE 73N<br>SUITE 200<br>MT LAUREL, NJ 08054 |
|                                                                      |                                                    |
|                                                                      | 6                                                  |
| 3. Signature of officer or chairman of the board                     |                                                    |
| Matthew Sawyer, Power of Attorney Signature and Title                |                                                    |
|                                                                      |                                                    |
| Type or print name and title                                         |                                                    |
|                                                                      |                                                    |
| 6/11/2020 11:22 AM                                                   | WE YEAR BUILD                                      |
| Date                                                                 |                                                    |
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