

**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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**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

**Family Health Care Associates 3 Limited Liability Company**

and for that purpose submits the following statements:

**1. Address of current principal office**

1025 North Old Stilesville Road  
Eubank, KY 42567

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

1056 South Hwy 27, Suite 12  
Somerset, KY 42501

**3. Authorized Signature of Entity**

*Gina Good, Member*

Signature and Title

Gina Good, Member

Type or print name and title

6/29/2023

Date