

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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>

**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

**Hometown Health & Hydration Wellness Center, PLLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

2321 Sir Barton Way Ste 140  
Lexington, KY 40509

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

HOMETOWN HEALTH & HYDRATION WELLNESS  
CENTER  
2001 ALVERSON DRIVE  
SUITE 107  
PARIS, KY 40361-2238

**3. Authorized Signature of Entity**

*STEPHANIE FIELDS, owner*

Signature and Title

STEPHANIE FIELDS, owner

Type or print name and title

9/12/2022 2:00 PM

Date