## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. KY Secretary of State

0804841 Michael G. Adams 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** 

L906

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

## **BLUEGRASS EXTENDED CARE SERVICES, LLC**

and for that purpose submits the following statements:

1. Address of current principal office 2. Principal office is hereby changed to:

989 GOVERNORS LANE STE 240 191 LEESTOWN CENTER WAY LEXINGTON, KY 40511 LEXINGTON, KY 40513

3. Authorized Signature of Entity

Brandon Ford, CEO	
Signature and Title	1 18
Brandon Ford, CEO	
Type or print name and title	VIDER
3/11/2025 1:56 PM	
Date	010