http://www.sos.ky.gov

## Statement of Change of Principal Office Address

1040043 Michael G. Adams KY Secretary of State Received and Filed 3/24/2020 10:01:58 AM Fee receipt: \$10.00

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

## LEXINGTON HEALTH MANAGEMENT II, LLC

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

1. Address of current principal office	2. Principal office is hereby changed to:
3131 CUSTER DRIVE, SUITE 8 LEXINGTON, KY 40517	1050 CHINOE RD LEXINGTON, KY 40502
3. Signature of officer or chairman of the board	
W THOMAS WATTS, MANAGER	
Signature and Title	
Type or print name and title	
3/24/2020 10:01 AM	WE FA ST ST
Date	
	2460
	George