## L905

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

1210148 Michael G. Adams Received and Filed

6/7/2023 3:10:11 PM Fee receipt: \$10.00

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

## Pain and Wellness Institute of Kentucky, LLC

and for that purpose submits the following statements:

1. Address of current principal office

2. Principal office is hereby changed to:

2113 Arnold Palmer Blvd Louisville, KY 40245

10302 BROOKRIDGE VILLAGE LN Suite 103 Louisville, KY 40291

3. Authorized Signature of Entity

Kristal Wilson, member	11
Signature and Title	16
Kristal Wilson, member	
Type or print name and title	110-
6/7/2023	VUED
Date	A-