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

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

MEDICARE HEALTH SERVICES ASSOCIATION, INC.

and for that purpose submits the following statements:

2816 VEACH ROAD, BLDG. 5 OWENSBORO, KY 42303 3. Authorized Signature of Entity Ann Sigler, Director Signature and Title Ann Sigler, Director Type or print name and title 6/22/2023	1. Address of current principal office	2. Principal office is hereby changed to:
Ann Sigler, Director Sgnature and Title Ann Sigler, Director Type or print name and title		
Ann Sigler, Director Sgnature and Title Ann Sigler, Director Type or print name and title		
Signature and Title Ann Sigler, Director Type or print name and title	3. Authorized Signature of Entity	
Ann Sigler, Director Type or print name and title		
Type or print name and title		
6/22/2023		
	6/22/2023	ED WE THE AVER
Date		

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Received and Filed

6/22/2023 11:51:21 AM

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Fee receipt: \$10.00