

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

PPOC

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

**SHOEMAKER FAMILY DENTAL-LOUISVILLE, PSC**

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

**1. Address of current principal office**

PATRICK M CARROLL DMD PSC  
415 BENJAMIN LANE, , SUITE 202  
LOUISVILLE  
LOUISVILLE, KY 40222

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

Exceptional Dentistry  
415 BENJAMIN LANE, , SUITE 202  
LOUISVILLE  
LOUISVILLE, KY 40222

**3. Signature of officer or chairman of the board**

Deborah Shoemaker, President

Signature and Title

Type or print name and title

3/30/2022 2:17 PM

Date