

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
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

**INJURY-CARE ASSOCIATES AND CHIROPRACTIC CENTER OF KY, LLC**

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

**1. Address of current principal office**

3934 DIXIE HWY  
STE #345  
LOUISVILLE, KY 40216

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

3955 DIXIE HWY  
LOUISVILLE, KY 40216

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

TODD BLACK, OWNER

Signature and Title

Type or print name and title

8/10/2013 3:27 PM

Date