

**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  
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<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

**Half Moon Massage, LLC**

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

**1. Address of current principal office**

185 Pasadena Dr. Suite 140  
Lexington, KY 40503

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

693 Sheridan Dr.  
Lexington, KY 40503

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

Kimberley Rae Rubey, Member

Signature and Title

Type or print name and title

9/13/2012 11:43 AM

Date