

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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 of

**KENTUCKY PROFESSIONALS RECOVERY NETWORK INC.**

and for that purpose submits the following statements:

**1. Address of current principal office**

1501 ALEXANDRIA PIKE  
FORT THOMAS, KY 41075

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

159 Tremont Ave  
FORT THOMAS, KY 41075

**3. Authorized Signature of Entity**

*Emily Caporal, President*

Signature and Title

Emily Caporal, President

Type or print name and title

5/22/2023

Date