## L906

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. KY Secretary of State

0619553 Michael G. Adams Received and Filed

2/27/2020 2:39:44 PM Fee receipt: \$10.00

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

## **SWORN TESTIMONY, PLLC**

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

1. Address of current principal office	2. Principal office is hereby changed to:
POST OFFICE BOX 1830	POST OFFICE BOX 1624
LEXINGTON, KY 40588	Frankfort, KY 40602
3. Signature of officer or chairman of the board	
Lisa Colston, Owner	
Signature and Title	
Type or print name and title	
2/27/2020 2:39 PM	DED WE YELLOW
Date	TO THE MENT OF THE PARTY OF THE