

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

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Michael G. Adams  
Secretary of State  
Received and Filed  
2/3/2025 11:50:03 AM  
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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>

**Amended Certificate of Assumed  
Name**

**AAN**

Pursuant to the provisions of KRS 365, the undersigned applies to amend the certificate of assumed name and, for that purpose, submits the following statement:

1. The assumed name is:

**SPOTLESS FLOOR CARE**

2. The certificate of assumed name was filed with the Secretary of State on:

**Monday, February 13, 2023**

3. The current mailing address is:

**201 Creekwood Way, Nicholasville, KY 40356**

4. The principal office address is hereby changed to:

**425 Friendly Ave, Nicholasville KY 40356**

5. This filing will be effective on **Monday, February 3, 2025.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Applicant: Tina Craig**  
2/3/2025 11:50:03 AM