

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

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Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
1/2/2020 9:51:57 AM  
Fee receipt: \$10.00

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Secretary of State  
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**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

**PROGRESSIVE MEDICAL MANAGEMENT LLC**

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

**1. Address of current principal office**

2149 ASHLOCK RD  
BURKSVILLE, KY 42717

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

1867 ASHLOCK RD  
BURKSVILLE, KY 42717

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

LINSEY BROWN, partner

Signature and Title

Type or print name and title

1/2/2020 9:51 AM

Date