Alison Lundergan Grimes 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

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

## FAITH MEDICAL CENTER, LLC

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:
507 KNOX STREET	13232 North HWY 421
BARBOURVILLE, KY 40906	Manchester, KY 40962
3. Signature of officer or chairman of the board	
3. Signature of officer of charman of the board	
Larry Warren, Owner	
Signature and Title	
Type or print name and title	
5/16/2017 6:47 PM	DUNE EP ALS
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5/16/2017 6:47:18 PM Fee receipt: \$10.00

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