## **NPOC**

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

0732559 Michael G. Adams Received and Filed

4/18/2021 11:52:42 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

4/18/2021 11:52 PM

## **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

## ASHLAND ANIMAL RESCUE FUND, INC.

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

| 1. Address of current principa   | l office         | 2. Principal office is hereby changed | d to: |
|----------------------------------|------------------|---------------------------------------|-------|
| 131 NEW HAMPSHIRE DRIVE          |                  | 12365 Kevin Drive                     |       |
| ASHLAND, KY 41101                |                  | ASHLAND, KY 41102                     |       |
|                                  | A Marie Control  |                                       |       |
|                                  |                  |                                       |       |
|                                  |                  |                                       |       |
|                                  | / Accept         |                                       |       |
|                                  |                  |                                       |       |
| 3. Signature of officer or chair | man of the board | 11// 11 11 2 11                       |       |
| 3. Signature of officer of chair | man or the board |                                       |       |
| Michelle Veach, Bo               | ard Member       |                                       |       |
| Signature and                    | Title            |                                       |       |
|                                  |                  |                                       |       |
| Type or print name               | and title        | 701 //ca                              |       |
| 21 1                             |                  |                                       |       |