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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/6/2025 3:33 PM Fee Receipt: \$8.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Filing Fee: \$20	Amended Certificate of Assumed Name (Domestic or Foreign Business Entity)			
Pursuant to the provisions of KF purpose, submits the following s	statement:			
1. The assumed name is WP	Bathroom Ren	nodeling		
	(The name must I	pe identical to the name on re-	cord with the Secretary of Sta	ite.)
2. The certificate of assumed na				
3. The current principal office a		,		
10809 Bluegrass		Louisville	KY	40299
Street Address or Post Office Box Nu		City	State	Zip
4. The principal office address is	horoby obanged to	•		p
			IZV/	40000
10811 Bluegrass Parkway Street Address or Post Office Box Numbers		Louisville	KY	40299
enoct radices of 1 ost office box Mg	inders	City	State	Zip
5. The current real name is				
	(The name must b	e identical to the name on rec	cord with the Secretary of Sta	te.)
6. The week warms to be a little of				
6. The real name is hereby char	nged to (The real name i	nust be distinguishable upon	the records of the Secretary	of State from any
	other name on	record with the Secretary of S	tate. KRS 14A.3-010 (1))	or otate from any
7. The changes in the identity of	the partners are as	follows:		
l declare under penalty of perjury	under the laws of k	centucky that the forgoing	is true and correct.	
Abvington	Alicia Ovington		General Manager	02/06/2025
arguature or Applicant	Printed Name		Title	Date