

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/20/2022 3:19 PM Fee Receipt: \$20.00

ASN

Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490

MMMM sos ky gov

Authorized Party Signature	Printed Name	Title	Date	
BC05AB7F838D47A	John P. McCabe	Executive VP	10/19/2022	
I declare under penalty of perjury under	the laws of Kentucky that t	he forgoing is true and corre	ct.	
Street Address or Post Office Box Number	ers C	ity State	Zip	
P.O. Box 31356	Tampa	Florida	33631	
5. The mailing address is:				
4. The entity is organized and existing	in the state or country of CC	DLORADO		
a Domestic Unincorporat	ed Non-profit Association	a Foreign Unincorpo	rated Non-profit Association	
a Domestic Limited Coop			operative Association	
a Domestic Statutory Trusta Foreign Statutory Trust				
a Domestic Limited Liabil	lity Company	a Foreign Limited Lia		
a Domestic Corporation a Foreign Corporation				
a Domestic Business Trust		<u> </u>	a Foreign Business Trust	
a Domestic Limited Liability Partnership a Domestic Limited Partnership			a Foreign Limited Liability Partnership a Foreign Limited Partnership	
a Domestic General Partnership		= '	a Foreign General Partnership	
3. The entity type is (you must check one)				
Name must be identical to the real name	on record with the Secretary	of State.)		
Shriners	Hospitals for Children,			
2. The real name of the business entity assumed name:	(and in the case of general	partnership, the partners) th	nat is/are adopting the	
1. The assumed name is: Shriners C	nilarens Lexington 		•	
Pursuant to the provisions of KRS 365.0 following statement:		s to assume a name and, fo	r that purpose, submits the	
(502) 564-3490 www.sos.ky.gov				
Frankfort, KY 40602				