

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

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
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

**Family Health Care Associates Limited Liability Company**

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

**1. Address of current principal office**

Po Box 1535  
Barbourville, KY 40906

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

359 Old US HWY 421, Unit B  
Manchester, KY 40962

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

Gina Good, Owner

Signature and Title

Type or print name and title

4/29/2018 12:54 PM

Date