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

POC

NPOC

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

## UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY ALUMNI ASSOCIATION, INC.

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:
CHANDLER MEDICAL CENTER M-127 LEXINGTON, KY 405360297	CHANDLER MEDICAL CENTER MN-310 LEXINGTON, KY 405360297
3. Signature of officer or chairman of the board	
Dr. David Thornton, Board Faculty Representative Signature and Title	
Type or print name and title	WE FALL STREET
5/2/2017 9:30 AM	-5-08 53