## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0602065 Alison Lundergan Grimes KY Secretary of State

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## **Statement of Change of Principal Office Address**

**POC** 

L906

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

## SUNRISE DENTAL SOLUTIONS, LLC

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: |
|--|---|
| 860 CORPORATE DRIVE SUITE 103                                | 1795 Alysheba Way<br>SUITE 2202           |
| LEXINGTON, KY 40503  | LEXINGTON, KY 40509                       |
|  |   |
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|  |   |
| 3. Signature of officer or chairman of the board             | 4///                                      |
| Brittiney Pilson, Director of Operations Signature and Title |   |
|  |   |
| Type or print name and title                                 | 10//372                                   |