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

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

## **Trinity Healthcare, 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:
407 W BRANNON RD	257 W Lakeshore Dr
NICHOLASVILLE, KY 40356	Burnside, KY 42519
3. Signature of officer or chairman of the board	
James R Woody II, CEO Signature and Title	
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Type or print name and title	
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6/5/2018 11:19 AM Date	WE
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Fee receipt: \$10.00

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