

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0656066.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/3/2025 2:45 PM Fee Receipt: \$10.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Statement of Chan	ge of Principal Office Addre	ss POC	
Pursuant to the provisions of KR change the principal office address. U.S. Healthcare Holdings, LLC (The name must be identical to the national office address currents)	ess on behalf of	and for that pure of State.) Principal office is hereby	rpose submits the following:	
111 Southeast Third Street, Suite 101			7400 West Campus Road, F494	
		7400 West Campus Road, I	7494	
Evansville, IN 47708		New Albay, OH 43054		
Fee: The fee for this filling is \$1		ate of Kentucky that the foregoing is	true and correct.	
X Samuel	27	Lily Fahnestock	1/2/2025	
Signature of Authorized Agent		Printed Name	Date	