6/14/2021 11:32:12 AM Fee receipt: \$10.00

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NPOC

Michael G. Adams 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

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

## **HI POINT VILLAGE HOMEOWNERS 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: |
|--|---|
| 8808 GENTLEWIND WAY                              | 9894 TUSCANY RIDGE DRIVE                  |
| LOUISVILLE, KY 40291                             | LOUISVILLE, KY 40291                      |
|  |   |
|  |   |
|  |   |
| ()%)   |   |
|  |   |
| 3. Signature of officer or chairman of the board |   |
| LYNDA LANGE, REGISTERED AGENT                    |   |
| Signature and Title                              |   |
|  |   |
| Type or print name and title                     |   |
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