

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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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 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**AUTO ACCIDENT HEALTHCARE, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

9130 TAYLORSVILLE ROAD  
LOUISVILLE, KY 40299

**2. Principal office is hereby changed to:**

2212 BRADFORD DRIVE  
LOUISVILLE, KY 40218

**3. Authorized Signature of Entity**

*CHRISTOPHER SKEEN, MEMBER*

Signature and Title

CHRISTOPHER SKEEN, MEMBER

Type or print name and title

6/28/2023

Date