## L905

## Commonwealth of Kentucky Michael G. Adams, Secretary of St. KY Secretary of State

0898369 Michael G. Adams Received and Filed

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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

## PROREHAB LOUISVILLE, LLC

and for that purpose submits the following statements:

1. Address of current principal office

175 SO. ENGLISH STATION RD. SUITE 218

LOUISVILLE, KY 40245

2. Principal office is hereby changed to:

1650 LYNDON FARM CT, STE 300 LOUISVILLE, KY 40223

3. Authorized Signature of Entity

LAURENCE N. BENZ, MANAGER OF CONFLUENT

IEALTH 114 Sgnature and Title

LAURENCE N. BENZ, MANAGER OF CONFLUENT

Type or print name and title

6/27/2023