Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Assumed Name

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

## **MELISSA NELSON**

2. The name of the business entity that is adopting the assumed name:

## TRANSFORM EDUCATION LLC

3. The entity is organized and existing in the state or country of KY

4. The mailing address is:

4108 Dienes Way, Louisville KY 40216

This filing will be effective on Sunday, April 20, 2025.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Owner : Melissa Nelson** 

4/20/2025 9:23:48 AM

C226

1446469.06 Michael G. Adams Secretary of State Received and Filed 4/20/2025 9:23:48 AM Fee receipt: \$20

