

**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

**THE KENTUCKY CENTER FOR ORAL & MAXILLOFACIAL SURGERY  
PARTNERS, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

3159 BEAUMONT CENTRE CIRCLE, STE 101  
LEXINGTON, KY 40513

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

3306 Clays Mill Road, Ste 101  
LEXINGTON, KY 40503

**3. Authorized Signature of Entity**

*Jason Ford, Member*

Signature and Title

Jason Ford, Member

Type or print name and title

8/3/2023

Date