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

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

FAMILY DERMATOLOGY AND DERMATOPATHOLOGY, PLLC

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:
2307 GREENE WAY	2307 GREENE WAY
LOUISVILLE, KY 40220	LOUISVILLE, KY 40220
3. Signature of officer or chairman of the boa	ard Initial
TJ Burch	
Sgnature and Title	
Type or print name and title	
11/15/2022 12:02 PM	DED WE SALAR
Date	
	A CAR AS SHOW

L906

Received and Filed

Fee receipt: \$10.00

11/15/2022 12:02:51 PM

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