

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

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

**Amended Certificate of Assumed  
Name**

**AAN**

Pursuant to the provisions of KRS 365, the undersigned applies to amend the certificate of assumed name and, for that purpose, submits the following statement:

1. The assumed name is:

**Firstlight Home Care of Lexington**

2. The certificate of assumed name was filed with the Secretary of State on:

**Monday, December 2, 2019**

3. The current mailing address is:

**3505 Birkenhead Ct, Lexington, KY 40503**

4. The principal office address is hereby changed to:

**715 Shaker Dr Ste 105, Lexington KY 40504**

5. This filing will be effective on **Wednesday, November 13, 2024.**

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 **Applicant: Justin Butler**

11/13/2024 9:03:34 AM