

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
KY Secretary of State  
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NPOC

Alison Lundergan Grimes  
Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

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

**KENTUCKY SOCIETY OF ORAL AND MAXILOFACIAL SURGEONS, INC.**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

**1. Address of current principal office**

% SUSAN ROSTOV, EXEC. DIRECTOR  
P O BOX 406758  
LOUISVILLE, KY 40204

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

% DEBBIE TROKLUS, EXEC. DIRECTOR  
P O BOX 753  
CRESTWOOD, KY 40014

**3. Signature of officer or chairman of the board**

RICHARD PAPE, PRESIDENT

Signature and Title

Type or print name and title

7/16/2016 2:31 PM

Date