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

PPOC

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

## NCS HEALTHCARE OF KENTUCKY, INC.

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

1. Address of current principal office	2. Principal office is hereby changed to:
900 OMNICARE CENTER	1 CVS DRIVE
201 EAST FOURTH STREET CINCINNATI,, OH 45202	WOONSOCKET, RI 02895
3. Signature of officer or chairman of the board	
MELANIE LUKER, ASSISTANT SECRETARY Signature and Title	
Signature and The	
Type or print name and title	and the second s
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Date	WE
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