

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

0466689  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
6/18/2014 8:04:13 AM  
Fee receipt: \$10.00

PPOC

Alison Lundergan Grimes  
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 chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

**SMILES FAMILY DENTISTRY, INC.**

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

**1. Address of current principal office**

1994 N. MAIN ST.  
MONTICELLO, KY 42633

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

1894 N. MAIN ST.  
MONTICELLO, KY 42633

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

PHILIP HARDIN, PRESIDENT

Signature and Title

Type or print name and title

6/18/2014 8:04 AM

Date