## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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

**POC** 

**NPOC** 

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

## HOPKINS COUNTY DEVELOPMENT CORPORATION

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:
435 NORTH KENTUCKY AVE. STE A MADISONVILLE, KY 42431	900 HOSPITAL DRIVE MADISONVILLE, KY 42431
IVIADISONVILLE, NT 42431	
3. Signature of officer or chairman of the board	
BOBBY H. DAMPIER, REGISTERED AGENT Signature and Title	
Type or print name and title	
rype or print flame and title	