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

0741097 Alison Lundergan Grimes Received and Filed

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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** 

**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

## **BLUEGRASS VISION CARE NETWORK, PSC**

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:
820 COBBLESTONE DRIVE	3618 MALL ROAD
EVANSVILLE, IN 47715	LOUISVILLE, KY 40218
3. Signature of officer or chairman of the board	
3. Signature of officer of chairman of the board	
ELIZABETH CHRISTOFF, OD, PRESIDENT	
Signature and Title	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Type or print name and title	
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Date	- W L W L W L L W L L W L L W L L W L L W L L W L L W L L W L