## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. Ky Secretary of State

0868897 Michael G. Adams Received and Filed

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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** 

L906

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

## **Louisville Integrative Veterinary Services PLLC**

and for that purpose submits the following statements:

1. Address of current principal office 2. Principal office is hereby changed to:

915 BAXTER AVENUE 4227 POPLAR LEVEL ROAD LOUISVILLE, KY 40204 LOUISVILLE, KY 40213

3. Authorized Signature of Entity

Leslie Brown, Owner and DVM Signature and Title Leslie Brown, Owner and DVM Type or print name and title 11/15/2024 6:53 PM Date