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

0600199 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** 

N601

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

## NORTH FORK VALLEY COMMUNITY HEALTH BOARD, INC.

and for that purpose submits the following statements:

1. Address of current principal office

2. Principal office is hereby changed to:

750 MORTON BLVD RM - B414 HAZARD, KY 41701

750 MORTON BLVD RM - B110 HAZARD, KY 41701

3. Authorized Signature of Entity

Larry Quillen, Executive Director	1
Signature and Title	ij
Larry Quillen, Executive Director	
Type or print name and title	
2/17/2025	U
Date	