6/29/2017 0806305

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

6/29/2017 11:42:42 AM Fee receipt: \$10.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

1. Name of current registered agent

Statement of Change of Registered Office, Registered Agent, or Both

2. Registered agent is hereby changed to:

RAC

L905

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

Healthy Choice Center LLC

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

Kayla Wilson	Joyce Crowe
3. Address of current registered office	4. Registered office is hereby changed to:
1 NORTH MAIN ST. Madisonville, KY 42431	1 NORTH MAIN ST. Madisonville, KY 42431
5. Signature of officer or chairman of the board	6. Consent of new agent I consent to serve as the new registered agent on behalf
Kayla Wilson, Registered Agent Signature and Title	of this corporation.
Type or print name and title	Joyce Crowe Signature and Title
6/29/2017 11:42 AM	Type or print name and title