6/29/2018 0621008		undergan Grimes. Secretary o	621008 Nison Lunderg XY Secretary o Received and F	of State iled
Alison Lundergan Grimes			6/29/2018 6:44:47 PM Fee receipt: \$10.00	
Secretary P. O. Bo		Statement of Change or Registered Office, Register	od	RAC

Registered Office, Registered Agent, or Both

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

LOUISVILLE GERIATRIC ASSOCIATES, PLLC

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

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
MUHAMMAD I. MASROOR	MUHAMMAD I. MASROOR
3. Address of current registered office	4. Registered office is hereby changed to:
9907 FRINGE TREE CT. LOUISVILLE, KY 40241	14423 river glades lane prospect, KY 40059

5. Signature of officer or chairman of the board	6. Consent of new agent
muhammad masroor, president	I consent to serve as the new registered agent on behalf of this corporation.
L'ESS OF	muhammad masroor
Type or print name and title	Signature and Title
6/29/2018 6:44 PM	Type or print name and title

L905