## 7/8/2015 0905018

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0905018

Alison Lundergan Grimes KY Secretary of State 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 on Registered Office, Registered Agent, or Both

**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

## Johnson Psychiatry, LLC

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
Sarah Beth Johnson	Sarah Beth Johnson
3. Address of current registered office	4. Registered office is hereby changed to:
56 Indian Hills Trail Louisville, KY 40207  5. Signature of officer or chairman of the board	2507 Phoenix Hill Drive Louisville, KY 40207
	6. Consent of new agent
3. Signature of officer of chairman of the board	I consent to serve as the new registered agent on behalf
Sarah Johnson, Member Signature and Title	of this corporation.
	Sarah Johnson
Type or print name and title	Signature and Title
7/8/2015 1:33 PM	
Date	Type or print name and title