9/24/2018 0997919	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Filed
Alison Lunde		9/24/2018 8:38:19 PM 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

Statement of Change on 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

Kentuckiana Med Trans, 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:
HASSAN ELJIDE / GUENNOUNI C ABDELALI	HASSAN ELJIDE
3. Address of current registered office	4. Registered office is hereby changed to:
3340 BRECKENRIDGE LN APT 2 LOUISVILLE, KY 40220	3340 BRECKENRIDGE LN APT 2 LOUISVILLE, KY 40220

5. Signature of officer or chairman of the board	6. Consent of new agent
Hassan Eljide, Owner	I consent to serve as the new registered agent on behalf of this corporation.
2001833	Hassan Eljide
Type or print name and title	Signature and Title
9/24/2018 8:38 PM	Type or print name and title
Date	

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RAC