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

0403830 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** 

**NPOC** 

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

## KENTUCKY ASSOCIATION FOR HEALTHCARE QUALITY, INC.

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

1. Address of current principal office	2. Principal office is hereby changed to:
4616 FOREST LAKE CIRCLE	13100 Settlers Point Trail
LEXINGTON, KY 40515	Goshen, KY 40026
	NY STATE OF THE ST
3. Signature of officer or chairman of the boar	d mala
Shirley Schilling KALIO Treesurer	
Shirley Schilling, KAHQ Treasurer Signature and Title	<u>-(10)</u>
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Type or print name and title	
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