## 8/29/2012 0754537

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
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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** 

P601

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

## JONES' FAMILY & COSMETIC DENTISTRY, INC.

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:                                     |
|--|---|
| JHITED   | Melissa Jones   |
| 3. Address of current registered office          | 4. Registered office is hereby changed to:                                    |
| 201 PAULINE DRIVE, SUITE H<br>BEREA, KY 40403    | 823 GABBARDTOWN ROAD<br>BEREA, KY 40403                                       |
| 5. Signature of officer or chairman of the board | 6. Consent of new agent   |
| MELISSA JONES, MEMBER Signature and Title        | I consent to serve as the new registered agent on behalf of this corporation. |
|  | MELISSA JONES   |
| Type or print name and title                     | Signature and Title   |
|  |   |
| 8/29/2012 11:17 AM                               | Type or print name and title  |
| Date   |   |