

2/23/2016  
0662645

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

0662645  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
2/23/2016 10:12:10 AM  
Fee receipt: \$10.00

L905

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 of  
Registered Office, Registered  
Agent, or Both

RAC

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

**MOONEY EYECARE CENTRE, PLLC**

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

**1. Name of current registered agent**

MATTHEW L MOONEY

**2. Registered agent is hereby changed to:**

MATTHEW L MOONEY

**3. Address of current registered office**

223 DELAINA DRIVE  
SUITE B  
MT WASHINGTON, KY 40047

**4. Registered office is hereby changed to:**

327 Eastbrooke Pointe Drive Suite 100  
MT WASHINGTON, KY 40047

**5. Signature of officer or chairman of the board**

Kristin Mooney, Office Manager  
Signature and Title

Type or print name and title

2/23/2016 10:12 AM

Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.

Kristin F Mooney  
Signature and Title

Type or print name and title