## 2/12/2021 1074853

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

1074853 Michael G. Adams Received and Filed 2/12/2021 7:47:00 AM Fee receipt: \$10.00

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 or **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

## Interventional Pain & Spine Specialists LLC

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
Lisa Hastetter	Lisa Hastetter
3. Address of current registered office	4. Registered office is hereby changed to:
2700 Old Rosebud Rd Ste 350 Lexington, KY 40509	4201 Springhurst Blvd Ste 102 Louisville, KY 40241

5. Signature of officer or chairman of the board	6. Consent of new agent
David P Bosomworth II, Member	I consent to serve as the new registered agent on behalf of this corporation.
Signature and Title	Lisa Hastetter
	Lisa Hastetter
	Signature and Title
Type or print name and title	
2/12/2021 7:47 AM	Type or print name and title
Date	

L905