## 6/30/2017 0871855

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

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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 of Registered Office, Registered Agent, or Both

**RAC** 

L905

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

## Harper Medical, 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:
Alexander Wrinkles	Alexander Wrinkles
3. Address of current registered office	4. Registered office is hereby changed to:
8912 Lippincott Road Louisville, KY 40222  5. Signature of officer or chairman of the board	11801 Osage Rd. Louisville, KY 40223
	6. Consent of new agent
3. Signature of officer of chairman of the board	I consent to serve as the new registered agent on behalf
Alex Wrinkles, President	of this corporation.
Signature and Title	Alex Wrinkles
	Signature and Title
Type or print name and title	2 8701/22
6/30/2017 9:53 AM	Type or print name and title
Date	Type or print name and the