

6/28/2018  
0629478

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

N601  
0629478  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
6/28/2018 9:15:00 PM  
Fee receipt: \$10.00

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

**KENTUCKY PSYCHIATRIC MEDICAL SOCIETY FOUNDATION, INC.**

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

**1. Name of current registered agent**

MIRANDA SLOAN

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

C/O MIRANDA SLOAN, Kentucky Psychiatric Medical Association

**3. Address of current registered office**

417 SPRITE RD  
LOUISVILLE, KY 40207

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

943 S. 1st St  
LOUISVILLE, KY 40203

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

Miranda Sloan, Executive Director  
Signature and Title

Type or print name and title

6/28/2018 9:15 PM  
Date

**6. Consent of new agent**

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

Miranda Sloan  
Signature and Title

Type or print name and title