| Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o | | Received and Filed | |
|---|--|--------------------|--|
| 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 o Principal Office Addres | | |

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

Kentucky Mental Health Care, L.L.C.

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

| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|---|---|
| 427 E Market St | 1939 Goldsmith Ln Ste 143 |
| Louisville, KY 40202 | Louisville, KY 402182091 |
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| | |
| 3. Signature of officer or chairman of the board | |
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| Joseph Nalley, Authorized Rep 12/10/2018 Signature and Title | |
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| Type or print name and title | |
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