4/1/2019 **Commonwealth of Kentucky** 0615990 0615990 Alison Lundergan Grimes, Secretary o **KY Secretary of State** 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 or **Registered Office, Registered** Agent, or Both

Alison Lundergan Grimes 4/1/2019 4:58:08 PM Fee receipt: \$10.00

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

BASIL DENTAL LAB, INC.

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: GERALD M. WALKER
3. Address of current registered office	4. Registered office is hereby changed to:
1702 PARVIEW COURT	514 N Main St SOMERSET, KY 42501

5. Signature of officer or chairman of the board	6. Consent of new agent
Tamara S. Walker, VP	I consent to serve as the new registered agent on behalf of this corporation.
6281000	Tamara S Walker
Type or print name and title	Signature and Title
4/1/2019 4:58 PM	Type or print name and title
Date	

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