| 4/17/2018 0740590 | | Commonwealth of Kentucky Indergan Grimes, Secretary o | 0740590 Alison Lundergan Grimes KY Secretary of State Received and Filed | L905 |
|-------------------------|--|--|---|------|
| Alison Lundergan Grimes | | Statement of Change a | 4/17/2018 9:38:37 PM Fee receipt: \$10.00 | |

Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change on 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

Wisdom & Health Institution LLC

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

| 2. Registered agent is hereby changed to: |
|---|
| HAROLD BEDU-ADDO |
| 4. Registered office is hereby changed to: |
| 3920 BARDSTOWN ROAD LOUISVILLE, KY 40218 |
| |

| 5. Signature of officer or chairman of the board | 6. Consent of new agent | |
|--|---|--|
| HAROLD BEDU-ADDO, PRESIDENT Signature and Title | I consent to serve as the new registered agent on behalf of this corporation. | |
| 29100 | HAROLD BEDU-ADDO | |
| Type or print name and title | Signature and Title | |
| 4/17/2018 9:38 PM | Type or print name and title | |
| Date | | |