

4/3/2015  
0059804

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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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

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

**METCALFE COUNTY NURSING HOME CORPORATION**

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

**1. Name of current registered agent**

SHARON HOWARD

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

Barry Gilley

**3. Address of current registered office**

P O BOX 115  
701 SKYLINE DRIVE  
EDMONTON, KY 42129

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

P O BOX 115  
701 SKYLINE DRIVE  
EDMONTON, KY 42129

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

Amy Neighbors, Administrator  
Signature and Title  
Type or print name and title  
4/3/2015 4:22 PM  
Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.  
Barry Billey  
Signature and Title  
Type or print name and title