5/16/2017 0626922	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	
		5/16/2017 9:13:51 AM

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

Fee receipt: \$10.00

RAC

L905

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

## **TRILOGY REHAB SERVICES, LLC**

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
C T CORPORATION SYSTEM	Corporation Service Company
3. Address of current registered office	4. Registered office is hereby changed to:
306 W MAIN ST	421 West Main Street

**SUITE 512** Frankfort, KY 40601 FRANKFORT, KY 40601 5. Signature of officer or chairman of the board 6. Consent of new agent

Jill Cilmi, Authorized Signer	I consent to serve as the new registered agent on behalf of this corporation.
A DO 1955	Corporation Service Company Signature and Title
Type or print name and title	
5/16/2017 9:13 AM Date	Type or print name and title