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Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes KY Secretary of State Received and Filed

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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

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

BROOKE OF DRY RIDGE, L.L.C.

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:
CHARLES L. RIDER, JR.	Brooke Elizabeth Rider
3. Address of current registered office	4. Registered office is hereby changed to:
129 SOUTH MAIN STREET DRY RIDGE, KY 41035	300 Arbor Dr Ste 6 Suite 6 Dry Ridge, KY 41035
5. Signature of officer or chairman of the board	6. Consent of new agent I consent to serve as the new registered agent on behalf
Brooke Rider, Vice President Signature and Title Type or print name and title	of this corporation.
	Brooke Rider Signature and Title
4/30/2019 1:34 PM	
4/30/2019 1.34 PW	Type or print name and title