4/17/2017 0832432	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Filed
		4/17/2017 2:59:44 PM

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Date

Statement of Change or **Registered Office, Registered** Agent, or Both

Fee receipt: \$10.00

RAC

P601

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

OMARA MEDICAL Incorporated

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: Connie Henken
3. Address of current registered office	4. Registered office is hereby changed to:
	7530 Dixie Highway

Louisville, KY 40258

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5. Signature of officer or chairman of the board	6. Consent of new agent
Dorin Omara, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
29000	Connie Henken
Type or print name and title	Signature and Title
4/17/2017 2:59 PM	Type or print name and title