Commonwealth of Kentucky Michael G. Adams, Secretary of Sti KY Secretary of State

0630237 Michael G. Adams Received and Filed

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

1. Name of current registered agent

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

2. Registered agent is hereby changed to:

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

LEBANON FAMILY DENTAL CARE, P.S.C.

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

PHILIP H. ZINK, D.M.D.	PHILIP H. ZINK II, D.M.D.
3. Address of current registered office	4. Registered office is hereby changed to:
219 SOUTH PROCTOR KNOTT AVENUE LEBANON, KY 40033	219 SOUTH PROCTOR KNOTT AVENUE LEBANON, KY 40033
5. Signature of officer or chairman of the board	6. Consent of new agent
Emily M Zink, Treasurer	I consent to serve as the new registered agent on behalf of this corporation.
Signature and Title	PHILIP H. ZINK II, DMD
Type or print name and title	Signature and Title
4/16/2021 2:05 PM	
Date	Type or print name and title