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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 on 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

Legacy Surgical Specialties LLC

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:
Michael Thomas Lentz	Michael Lentz
3. Address of current registered office	4. Registered office is hereby changed to:
4212 Brownsboro Glen Road Louisville, KY 40241	4413 Saratoga Hill Road Jeffersontown, KY 40299
5. Signature of officer or chairman of the board	6. Consent of new agent
Michael Lentz, Agent Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Michael Lentz Signature and Title
Type or print name and title	2 57701/2
12/6/2016 3:41 PM	Type or print name and title
Date	Type of print hand and and