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

1105945 Michael G. Adams Received and Filed

2/12/2021 9:55:14 AM Fee receipt: \$10.00

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** 

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

## **Desert Flower Family Therapy L.L.C.**

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

| Andrew Raymond Thomas                            | Andrew Raymond Thomas   |
|--|---|
| 3. Address of current registered office          | 4. Registered office is hereby changed to:                                    |
| 302 Axis Dr Apt 301<br>Louisville, KY 40206      | 8134 New LaGrange Road<br>Ste 102<br>Louisville, KY 40222                     |
| 5. Signature of officer or chairman of the board | 6. Consent of new agent   |
| Andrew Thomas, Registered Agent                  | I consent to serve as the new registered agent on behalf of this corporation. |
| Signature and Title                              | Andrew Thomas   |
| Type or print name and title                     | Signature and Title   |
| 2/12/2021 9:55 AM                                |   |
| Date   | Type or print name and title  |