6/22/2016 0702865			0702865 Alison Lundergan Grimes KY Secretary of State Received and Filed	Nt
Alison Lundergan Grimes		Statement of Change o	6/22/2016 5:49:42 AM Fee receipt: \$10.00	

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

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

## HANDS AND VOICES OF KENTUCKY, INC.

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:
АМҮ ШЕВВ	AMY WEBB
3. Address of current registered office	4. Registered office is hereby changed to:
16909 HIDDEN POND CT. LOUISVILLE, KY 40245	2724 Martinique Lane Lexington, KY 40509

5. Signature of officer or chairman of the board	6. Consent of new agent
Amy D. Webb, Treasurer Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	Signature and Title
6/22/2016 5:49 AM	Type or print name and title

N601

RAC