11/12/2012 0802565		Commonwealth of Kentucky Lundergan Grimes, Secretary of Sta Received and Filed		L
Alison Lunder	gan Grimes	Statement of Change of	11/12/2012 5:12:36 Pl Fee receipt: \$10.00	N

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

## Mikal V Lindman DDS PLLC

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
Mikal Lindman	Mikal Lindman
3. Address of current registered office	4. Registered office is hereby changed to:
3. Address of current registered office 13003 Hampton Circle Goshen, KY 40026	<b>4. Registered office is hereby changed to:</b> 13300 Longwood Lane Goshen, KY 40026

5. Signature of officer or chairman of the board	6. Consent of new agent
Mikal Lindman, Manager Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
29100	Mikal Lindman
Type or print name and title	Signature and Title
11/12/2012 5:12 PM Date	Type or print name and title

RAC