## 7/8/2015Commonwealth of Kentucky04358670435867Alison Lundergan Grimes, Secretary of State<br/>Bereived and Filed0435867

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 or Registered Office, Registered Agent, or Both

0435867 Alison Lundergan Grimes KY Secretary of State Received and Filed 7/8/2015 11:43:32 AM Fee receipt: \$10.00

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

## MIDAMERICA HEALTH, INC.

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

| 1. Name of current registered agent               | 2. Registered agent is hereby changed to:   |
|---|---|
| C T CORPORATION SYSTEM                            | CSC-Lawyers Incorporating Service Company   |
| 3. Address of current registered office           | 4. Registered office is hereby changed to:  |
| 306 W MAIN ST<br>SUITE 512<br>FRANKFORT, KY 40601 | 421 West Main Street<br>Frankfort, KY 40601 |

| 5. Signature of officer or chairman of the board | 6. Consent of new agent   |
|--|---|
| Dona Priebe, Vice President                      | I consent to serve as the new registered agent on behalf of this corporation. |
| 221002   | CSC-Lawyers Incorporating Service Company                                     |
| Type or print name and title                     | Signature and Title   |
| 7/8/2015 11:43 AM                                | Type or print name and title  |
| Date   |   |