1/23/2017 0944588	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Filed
		1/23/2017 10:14:50 AM Fee receipt: \$10.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

SUITE 512

FRANKFORT, KY 40601

Date

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

VALLEY HEALTH SYSTEM LLC

which is organized in the state of Delaware, 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	Corporation Service Company	
3. Address of current registered office	4. Registered office is hereby changed to:	
306 W. MAIN STREET	421 West Main Street	

Frankfort, KY 40601

5. Signature of officer or chairman of the board Jill Cilmi, Authorized Person Signature and Title Type or print name and title 1/23/2017 10:14 AM

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RAC