## 12/30/2015 0778389

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0778389 Alison Lundergan Grimes KY Secretary of State

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Alison Lundergan Grimes 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 of 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

## PROFESSIONAL CLINICAL COUNSELING AND REHABILITATION, LLC

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

LARISSA V. SALYERS	LARISSA V. SALYERS
3. Address of current registered office	4. Registered office is hereby changed to:
3000 SPROWL ROAD JEFFERSONTOWN, KY 40299	12303 Meadow Lane Louisville, KY 40243
5. Signature of officer or chairman of the board  Larissa V. Salyers, MA, LPCC, LCADC, CEO/Clinician  Signature and Title	6. Consent of new agent I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	Larissa V. Salyers Signature and Title
12/30/2015 4:41 PM Date	Type or print name and title