

3/26/2015
0486165

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

P601
0486165
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
3/26/2015 12:54:49 PM
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>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

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

PERIODONTAL CARE CENTER, INC.

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

1. Name of current registered agent

JILL H. BASSETT

2. Registered agent is hereby changed to:

JILL HAYES

3. Address of current registered office

3409 STONY SPRING CIRCLE
LOUISVILLE, KY 40220

4. Registered office is hereby changed to:

3409 STONY SPRING CIRCLE
LOUISVILLE, KY 40220

5. Signature of officer or chairman of the board

Jill Hayes, member
Signature and Title

Type or print name and title

3/26/2015 12:54 PM
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Jill Hayes
Signature and Title

Type or print name and title