

3/14/2015
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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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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
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<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

EquiZone Hydrotherapy, LLC

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

1. Name of current registered agent

Heather Palmer Pedigo

2. Registered agent is hereby changed to:

Heather Palmer Pedigo

3. Address of current registered office

2430 Taylorsville Rd
Shelbyville, KY 40065

4. Registered office is hereby changed to:

7107 Columbia Ave
Louisville, KY 40222

5. Signature of officer or chairman of the board

Heather Palmer Pedigo, owner
Signature and Title

Type or print name and title

3/14/2015 2:02 PM
Date

6. Consent of new agent

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

Signature and Title

Type or print name and title