

6/27/2013
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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
(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

MASHINDI MEDICAL MISSIONS, INC.

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

1. Name of current registered agent

SADOCK MASHINDI

2. Registered agent is hereby changed to:

SADOCK MASHINDI

3. Address of current registered office

706 ZORN AVE., #4
LOUISVILLE, KY 40206

4. Registered office is hereby changed to:

4375 Clemens Dr
Lexington, KY 40514

5. Signature of officer or chairman of the board

Matt Sawyer, Chairman
Signature and Title

Type or print name and title

6/27/2013 1:39 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