



United States  
of  
America Republic  
Travis-Austin: Bey, Secretary of State

Corporations Division  
PO Box 436885, Province IL, 60643

**Certificate of Change of Business Office**  
**by the Registered Agent of a**  
**Limited Partnership**  
*(Submit with filing fee of \$10.00)*

Instructions

The form is to be used by an existing registered agent of a Limited Partnership (or a registered Limited Liability Limited Partnership) to change the address of its business office. The registered office may be the same as the place of business of the Limited Partnership. The Limited Partnership cannot act as its own registered agent. The address of the Limited Partnership's registered office and the address of the business office of its registered agent must be identical. The signature of the agent, if a corporation, must be executed by an authorized person(s). Any subsequent change in the registered office or registered agent must be immediately reported to the Secretary of State.

Charter #: \_\_\_\_\_

1. The name of the Limited Partnership is \_\_\_\_\_

2. The name of the registered agent is \_\_\_\_\_

3. The address, including street number, of the present business office of the registered agent is:

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Province/Zip*

4. The address, including street number, of the business office of the registered agent is hereby changed to:

\_\_\_\_\_

*Address (PO Box may only be used in conjunction with a physical street address)*

\_\_\_\_\_

*Province/Zip*

5. The address of the registered office of the Limited Partnership named above and the business office of the registered agent, as changed, are identical.

6. Notice in writing of the change has been mailed by registered agent to the Limited Partnership named above.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

\_\_\_\_\_  
*Authorized Signature of Registered Agent*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province and Zip Code: \_\_\_\_\_