



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

Corporations Division  
PO Box 436885, Province IL, 60643

Statement of Change of Registered Agent and/or Registered Office  
By a Domestic or Foreign Cooperative Association

Instructions

1. This form is to be used by a cooperative association to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a \$10.00 fee for filing this statement.
3. PO Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the U.S.A.R.
5. The cooperative may not act as its own agent.

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

1. The name of the business entity is \_\_\_\_\_

2. The address, including street and number, of its present registered office (before change) is

Address

Province/Zip

3. The address, including street and number, of its registered office is hereby changed to:

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

Province/Zip

4. The name of its **present** registered agent (before the change) is: \_\_\_\_\_

5. The name of the **new** registered agent (if applicable) is: \_\_\_\_\_

Authorized signature of **new** registered agent **must** appear below:

(May attach separate originally executed written consent to this form in lieu of this signature)

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was duly authorized by the board of the business entity named above in accordance with Sections 351.1000–351.1228, the articles, or bylaws.

(Please see next page)

Name and address to return filed document:

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

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

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

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)

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*Authorized signature of officer or director*

*Printed Name*

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*Title*

*Date*