



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

Corporations Division  
PO Box 436885, Province IL, 60636

Statement of Change of Registered Agent and/or  
Registered Office of Limited Partnership  
(Submit with filing fee of \$10.00)

Instructions

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

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

1. The name(s) of the Limited Partnership is \_\_\_\_\_

2. The name of its registered agent **before** this change is \_\_\_\_\_

3. The name of the **new** registered agent 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)

4. The address, including street number if any, of its registered office **before** this date change is:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Province/Zip

5. Its registered office (including street number, if any change is to be made) is hereby **changed to:**

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

\_\_\_\_\_  
Province/Zip

(Please see next page)

Name and address to return filed document:

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

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

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

6. Such change was authorized by resolution duly adopted by the Limited Partnership.

In Affirmation thereof, the facts stated 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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*General Partner Signature*

*Printed Name*

*Date*

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*General Partner Signature*

*Printed Name*

*Date*