

**STATEMENT OF CHANGE
OF DESIGNATED OFFICE, REGISTERED AGENT
and/or REGISTERED AGENT'S ADDRESS
LIMITED LIABILITY COMPANY (DOMESTIC)**

Robert B. Evnen Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of Limited Liability Company _____

Complete all current information, check the item(s) changing, and provide the new information:

Current:

Designated Office _____ NE _____
Street and Mailing Address City Zip

Registered Agent _____

Agent's Address _____ NE _____
Street Address and City Zip
Post Office Box Number (if any)

New:

___ Designated Office _____ NE _____
Street and Mailing Address City Zip

___ Registered Agent _____

___ Agent's Address _____ NE _____
Street Address and City Zip
Post Office Box Number (if any)

Effective date if other than the date filed _____

Signature of Authorized Representative

Printed Name of Authorized Representative