DOMESTIC CHANGE OF REGISTERED AGENT and/or OFFICE

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

The following corporation, pursuant to the laws of the state of Nebraska, does hereby wish to change its Registered Agent and/or Registered Office.

Name of Corporation	on				
<u>Previous:</u>					
Registered Agent:					
Registered Office:		NE			
New:	Street Address and Post Office Box (if any)	City		Zip
Registered Agent:					
Registered Office*:				NE	
	Street Address and Post Office Box (if any)	City		Zip
* The street address of identical.	of the registered office and the st	reet addres	ss of the regist	tered agent must	be
DATED		Signature			
	Printed Name/Title				
corporation. If the corpor an incorporator. If the co- signed by that fiduciary.	t be signed by the chairperson of the borration has not yet been formed or director reporation is in the hands of a receiver, to Signing a false document which is file ubject to up to one year imprisonment	ors have not y rustee, or oth ed or attemp	yet been selected er court appoint ted to be filed v	l, the filing shall be ed fiduciary, the fili	signed by ing shall be
Registered Agent: Pl	ease check A (current agent) or I	3 (new age	nt) below and	l sign	
A. I hereby stat	te that the above named corporation istered office.	ion has bee	n notified of	the change in	
B. I hereby co	onsent to act as registered agent for	or the abov	e named corp	ooration.	
	$\bar{\mathbf{S}}$	signature of F	Registered Agent	i	

FILING FEE: \$30.00 (In-Office) / \$25.00 (Online)

Revised 07/01/2021 Neb. Rev. Stat. §21-234