

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

Submit in Duplicate

Robert B. Evnen Secretary of State
P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
www.sos.ne.gov

Name of Limited Liability Company _____

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

Current:

Designated Office _____
Street and Mailing Address City State Zip

Registered Agent _____

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

New:

Designated Office _____
Street and Mailing Address City State Zip

Registered Agent _____

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

Effective date if other than the date filed _____

Signature of Authorized Representative

Printed Name of Authorized Representative