STATEMENT OF CHANGE OF PRINCIPAL OFFICE, REGISTERED AGENT and/or REGISTERED AGENT'S ADDRESS LIMITED LIABILITY COMPANY (FOREIGN)

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

Name of Limited Liability Company _____

Complete all curre information:	nt information, check the item	n(s) changing, and provid	le the new	
Current:				
Principal Office Stre	et and Mailing Address	City	State	Zip
		·		I
Agent's Address			NE	
	eet Address and st Office Box Number (if any)	City		Zip
New:				
Principal Office	Street and Mailing Address	City	State	Zip
Registered Age	nt			
Agent's Addres	s		NE_	
	Street Address and Post Office Box Number (if any)	City		Zip
Effective date if oth	er than the date filed			
		Signature of Authorized R	epresentati	ve

Printed Name of Authorized Representative