



State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Application for an Amended Registration of a Foreign Limited Partnership in Missouri

(Submit with filing fee of \$25.00)

1. The current name of the foreign limited partnership in Missouri is: _____
Name

Charter Number: _____

Formed in the State of _____ on the date of _____ (month/day/year);

Registered in the State of Missouri on _____ (month/day/year).

By appropriate action, the limited partnership has:

2. Changed its name in parent state to: _____

Note: The application shall include a certificate of existence or document of similar import duly authenticated by the appropriate official in the state or country where it is registered. Such document should be dated within 60 calendar days from filing this application.

If different in Missouri, the name under which the foreign limited partnership will transact business in Missouri (must include "L.P.", "LP", or "limited partnership" in name): _____

3. Changed the address of the office required to be maintained in the state of its organization by the laws of that state or, if none required, the address of the principal office of the foreign limited partnership to:

Name Street address (may not use PO box unless street address also provided) City/State/Zip

4. Added any new general partners (list all with business addresses, on attached sheets if necessary, and indicate the date of the new partner's admission)

Name Street address (may not use PO box unless street address also provided) City/State/Zip

(Please see next page)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

5. Withdrawn any general partners (list all with business addresses, on attached sheets if necessary, and indicate the date of the partner's withdrawal.)

Name *Street address (may not use PO box unless street address also provided)* *City/State/Zip*

6. Changed the address of the office at which a list of the names and addresses and capital contributions of limited partners is kept to:

Name *Street address (may not use PO box unless street address also provided)* *City/State/Zip*

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Signature of General Partner *Printed name* *Date*