



State of Missouri
John R. Ashcroft, Secretary of State

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

Statement of Change of Registered Agent and/or Registered Office
By a Foreign or Domestic For Profit or Nonprofit Corporation or a Limited Liability Company

Instructions

1. This form is to be used by either a for profit or nonprofit corporation or a limited liability company to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a \$10.00 fee for filing this statement.
3. PO Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the State of Missouri.
5. The corporation may not act as its own agent.

Charter #: _____

1. The name of the business entity is _____

2. The address, including street and number, of its present registered office (before change) is _____

Address

City/State/Zip

3. The address, including street and number, of its registered office is hereby changed to: _____

Address (PO Box may only be used in conjunction with a physical street address)

City/State/Zip

4. The name of its **present** registered agent (before change) is: _____

5. The name of the **new** registered agent is: _____

Authorized signature of **new** registered agent **must** appear below:

(May attach separate originally executed written consent to this form in lieu of this signature)

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was duly authorized by the business entity named above.

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)

Authorized signature of officer, member, manager or, if applicable, chairman of the board

Printed Name

Title

Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____