

Statement of Change of Registered Agent Office Address of Limited Liability Partnership

(Submit with filing fee of \$22.00 for a single Limited Liability Partnership, plus \$7.00 for each additional Limited Liability Partnership affected by this filing)

Instructions

The form is to be used by an existing registered agent of a Limited Liability Partnership to change the address of its business office. The registered office may be the same as the place of business of the Limited Liability Partnership. The Limited Liability Partnership cannot act as its own registered agent. The address of the Limited Liability Partnership's registered office and the address of the business office of its registered agent must be identical. The signature of the agent, if a corporation, must be executed by an authorized person(s). Any subsequent change in the registered office or registered agent must be immediately reported to the Secretary of State.

person(s). Any subsequent change in the register	red office or registered agent mu	ist be immediately reported to the Secretary of State.
	Cha	rter #:
1. The name(s) of the Limited Liability Partnersl	hip(s) is	
2. The name of the registered agent is		
3. The address, including street number, of the p	resent business office of the reg	gistered agent is
Address		City/State/Zip
4. The address, including street number, of the b	usiness office of the registered	agent is hereby changed to
Address (PO Box may only be used in conjunction with a	physical street address)	City/State/Zip
5. A copy of this Certificate has been mailed by	the registered agent to the Limi	ted Liability Partnership named above.
In Affirmation thereof, the facts stated above are (The undersigned understands that false statements		the penalties provided under Section 575.040, RSMo)
Authorized Signature of Registered Agent	Printed Name	Date
Name and address to return filed document:		
Name:		
Address:		
City, State, and Zip Code:		