



# State of Missouri

Denny Hoskins, 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 of Limited Liability Partnership

(Submit with filing fee of \$37.00 for a single Limited Liability Partnership, plus \$7.00 for each additional Limited Liability Partnership affected by this filing)

### Instructions

This form is to be used to change the name of the registered agent of a Limited Liability Partnership (and the address of its new registered agent, if applicable). The registered office may be the same as the place of business of the Limited Liability Partnership. 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 Limited Liability Partnership cannot act as its own registered agent. If the agent is a corporation, this form must be executed by an authorized persons(s). Any subsequent change in the registered office or agent must be immediately reported to the Secretary of State.

Charter #: \_\_\_\_\_

1. The name(s) of the Limited Liability Partnership(s) is \_\_\_\_\_

2. The name of its registered agent **before** this change is \_\_\_\_\_

3. 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)

4. The address, including street number if any, of its registered office **before** this date change is:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

5. Its registered office (including street number, if any change is to be made) is hereby **changed to:**

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

\_\_\_\_\_  
City/State/Zip

(Please see next page)

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

6. If this Certificate has been filed by the registered agent, a copy of this certificate has been mailed to the Limited Liability Partnership named above.

In Affirmation thereof, the facts stated 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)

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*Authorized Signature*

*Printed Name*

*Date*

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*Authorized Signature*

*Printed Name*

*Date*