



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 Business Office Address and Registered Office Address of a Registered Agent of 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 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 #: _____

The undersigned registered agent, for the purpose of changing the address of its business office in Missouri, and thereby changing the registered office address of the named business entity, represents that:

1. The name of the business entity is: _____
2. The name of the registered agent is: _____
3. The address, including street number, of the **present** business office of the registered agent (and the registered office of the business entity) is:

Address

City/State/Zip

4. The address, including street number, of the business office of the registered agent (and the registered office of the business entity) is hereby **changed to:**

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

City/State/Zip

5. Notice in writing of the change of the registered office address has been mailed by the registered agent to the business entity named above.
6. The address of the registered office of the business entity named above and the business office of the registered agent, as changed, is identical.

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 Registered Agent

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____