

**STATEMENT OF CHANGE  
OF DESIGNATED OFFICE, REGISTERED AGENT  
and/or REGISTERED AGENT'S ADDRESS  
LIMITED LIABILITY COMPANY (DOMESTIC)**

Robert B. Evnen Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
*www.sos.nebraska.gov*

Name of Limited Liability Company \_\_\_\_\_

**Complete all current information, check the item(s) changing, and provide the new information:**

**Current:**

Designated Office \_\_\_\_\_ NE \_\_\_\_\_  
Street and Mailing Address City Zip

Registered Agent \_\_\_\_\_

Agent's Address \_\_\_\_\_ NE \_\_\_\_\_  
Street Address and City Zip  
Post Office Box Number (if any)

**New:**

\_\_\_ Designated Office \_\_\_\_\_ NE \_\_\_\_\_  
Street and Mailing Address City Zip

\_\_\_ Registered Agent \_\_\_\_\_

\_\_\_ Agent's Address \_\_\_\_\_ NE \_\_\_\_\_  
Street Address and City Zip  
Post Office Box Number (if any)

Effective date if other than the date filed \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative