

**CHANGE OF REGISTERED AGENT
and/or REGISTERED OFFICE
LIMITED COOPERATIVE ASSOCIATION**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
http://www.sos.state.ne.us

Name of Limited Cooperative Association _____

Current:

Registered Agents Name _____

Registered Agents Address _____
Street and Mailing Address Zip

Registered Office Address _____ NE
Street and Mailing Address City Zip

New:

Registered Agents Name _____

Registered Agents Address _____
Street and Mailing Address Zip

Registered Office Address _____ NE
Street and Mailing Address City Zip

This statement of change is effective when filed.

DATED _____

Signature of Officer or Authorized Representative

Printed Name and Title

FILING FEE: For Profit \$30.00 plus \$5.00 per page for any additional pages
Not for Profit \$10.00 plus \$5.00 per page for any additional pages