

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

Submit in Duplicate

John A. Gale, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
*www.sos.ne.gov*

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