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

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 Liability Company _____

_____

Complete all current information and check the item or items that are being changed and provide the appropriate information:

Current:

Designated Office/
Principal Office _____
Street and Mailing Address City State Zip

Registered Agent: _____

Agent's Address: _____NE_____
Street Address and Post Office Box Number (if any) City Zip

New:

☐ Designated Office/
Principal Office: _____
Street and Mailing Address City State Zip

☐ Registered Agent: _____

☐ Agent's Address: _____NE_____
Street Address and Post Office Box Number (if any) City Zip

Effective date if other than the filed _____.

_____
Signature of Authorized Representative

_____
Printed Name of Authorized Representative

FILING FEE: $15.00
3/20/2012

Neb. Rev. Stat. §21-114