

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

Submit in Duplicate

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
*www.sos.ne.gov*

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

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

**Current:**

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:**

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 date filed \_\_\_\_\_

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

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