OFFICE USE ONLY (label)

CHANGE OF BUSINESS ADDRESSDOMESTIC OR FOREIGN - ALL ENTITIES

- Use ink. Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address):		_
NAME:		FILING FEE: \$50.00
ADDRESS:		EXCEPTION.
		No fee if o <u>nly</u> changing business <u>email address</u>
CITY:		· · · · · · · · · · · · · · · · · · ·
STATE:	ZIP:	Make checks payable to "Secretary of the State"
1. NAME OF BUSINESS ENTITY (required) (name must exactly match the business name on file with our office, including the business designation (e.g., LLC, Inc., Corp))		
2. PRINCIPAL OFFICE ADDRESS OF BUSINESS (required) (Must be a street address. A P.O. Box is acceptable as additional information only): (Must be a street address. A P.O. Box is acceptable as additional information only):		
ADDRESS:		
CITY:		
STATE:	ZIP:	
3. MAILING ADDRESS OF BUSINESS (required) (Street address or P.O Box)		
ADDRESS:		
CITY:		
STATE:	ZIP:	
4. EMAIL ADDRESS OF BUSINESS:		
5. EXECUTION / SIGNATURE OF A (submitted under penalty of false statemen		
DATE SIGNED (mm/dd/yyyy):	<u>/ </u>	
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE