



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

NOTICE OF CHANGE OF REGISTERED AGENT INFORMATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

MARK ENTITY TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation-Profit | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> Corporation-Nonprofit | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Nonfiling/ Nonqualifying Entity |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other _____ |

Pursuant to the Laws of the State of Arkansas, the undersigned submits the following statement for the purpose of changing its registered agent in the State of Arkansas. If this statement reflects a change in registered agent for any entity or entities other than listed, this form must be accompanied by notice of such change to any and all applicable entities.

1. Name of corporation: _____

2. Is the entity: Domestic Foreign

3. Street address of registered agent for service of process changing from: _____
Street Address

_____ Street Address Line 2 City, State Zip

4. Street address for service of process, which registered agent is changing to: _____

Street Address

_____ Street Address Line 2 City, State Zip

5. Name of registered agent changing from: _____

To: _____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and /or imprisonment up to 30 days.

Executed this _____ day of _____, _____.

Signature and Title of Governor (Authorized Director or Officer)

Printed Name of Governor (Authorized Director or Officer)