Non-Refundable Processing Fee: \$	Entity File Num	ber:	
Entity Name:			
For each Yes	s button that you mark the question will appear below t	for you to fill out.	
1). Do you want to Change the Busine	ess Purpose?	Yes	No
1). If Yes, what is the new Business Pu	urpose?		
2). Do you want to Change the Registered Agent or the Address of the Registered Agent?		Yes	No
2). If Yes, who is the new Registered A	Agent, or the new Address of the Registered Agent?		
	e a non-commercial registered agent. See instructions f		
			Zip
3). Do you want to Change the Princip	pal Address of the Business Entity?	Yes	No
3). If Yes, what is the new Principal A	address?		
Address:	City	State	Zip
4). Do you want to Add individuals to	the Business Entity?	Yes	No
4). If Yes, who do you want to Add to	the Business Entity and what Position will they hold?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
5). Do you want to Remove individual	ls from the Business Entity?	Yes	No
5). If Yes, who do you want to Remov	e from the Business Entity and what Position do they h	old?	
Name:	Position:		
Name:	Position:		
6). Do you want to Change the Addres	ss of the Business Entity's Principal(s)?	Yes	No
6). If Yes, who is the Principal(s) who	se Address you wish to Change?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
	formation maintained by the Division is classified as public record. residential or private address of any individual affiliated with the er		ses, you may use the
Under penalties of perjury and as an aut best of my knowledge and belief, true, c	horized authority, I declare that this statement of change(scorrect and complete.	s), has been examined	by me and is, to the
Name/Title:	Signature:	Date:	