R. Kyle Ardoin SECRETARY OF STATE

State of Louisiana Secretary of State



Commercial Division (225) 925-4704

<u>Fax Numbers</u> (225) 932-5314 Corporations (225) 932-5317 Legal Services (225) 932-5318 UCC

TRANSMITTAL INFORMATION For All Business Filings

Please indicate below t	:he level of service requ	ested, payment and contact information
Routine Expedite 24 hour pr		
Check or Money Order Enclo	osed	
Do not put credit card information o	on this form. You may save payme	ent information in your geauxBIZ profile under master accoun
Business Name (List exactly as it app	pears in documents)	
Name of person filing document (evid	ence of filing will be mailed to this person	son, at address below)
Address		
City	State	Zip Code
Daytime phone number	Fax number	Email address
NOTE: Louisiana Law requi bar roll number on t	res all Louisiana notaries to he document.	print or type their name and notary or
Mailing A	Address: P. O. Box 94125, E Location: 8585 Archives Ave Web Site Address: v	Baton Rouge, LA * 70804-9125 e., Baton Rouge, LA * 70809 www.sos.la.gov
SS984 Rev. 06/18		

R. Kyle Ardoin Secretary of State



NOTICE OF CHANGE OF REGISTERED OFFICE AND/OR CHANGE OF REGISTERED AGENT

(R.S. 12:1308)

Enclose \$25 Filing Fee

Domestic Limited Liability Company
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P.O. Box 94125
Baton Rouge, LA 70804-9125
(225) 925-4704
www.sos.la.gov

imited Liability Company Name:				
CHANGE OF LOCATION OF REGISTERED OFFICE				
Notice is hereby given that the above named lim ts registered office. The new registered office is	ited liability company has authorized a change in t s located at:	he location o		
	To be signed by a member or manager	Date		
CHANGE OF F	REGISTERED AGENT(S)			
Notice is hereby given that the above named limagent(s). The name(s) and address(es) of the r	nited liability company has authorized the change on the registered agent(s) is/are as follows:	of its registere		
	To be signed by a manager or member	Date		
AGENT AFFIDAVIT AND ACK	NOWLEDGEMENT OF ACCEPTANCE			
I hereby acknowledge and accept the appointm limited liability company.	ent of registered agent(s) for and on behalf of the	above name		
Reg	gistered Agent(s)			
Sworn to and subscribed before me, the unders				

SS983 Rev. 05/18

(See instructions on back)

INSTRUCTIONS

- 1. This form is to be used when an existing domestic limited liability company changes the location of its registered officeor changes its registered agent(s), or both.
- 2. The Change of Location of Registered Office or Change of Registered Agent(s) must be signed by a manager, if management of the limited liability company is vested in one or more managers, or by at least one member, if management of the limited liability company is reserved to the members.
- 3. The new registered agent(s) must sign the acknowledgement and acceptance of their appointment before a notary public.
- 4. A registered agent may change his address in this state by signing a statement which includes the following:
 - a. The name of the limited liability company for which the change is effective.
 - b. The new address of the registered agent.

If the old and new addresses of the registered agent are the same as the old and new addresses of the registered office, the statement may include a change of address of the registered office if:

- a. The registered agent notifies the company in writing.
- b. The statement recites that the registered agent has done so.