



**State of Missouri**  
**Robin Carnahan, Secretary of State**

Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**Certificate of Change of Business Office**  
**by the Registered Agent of a**  
**Limited Liability Partnership**

*(Submit with filing fee of \$22.00 for a single Limited Liability Partnership, plus \$7.00 for each additional Limited Liability Partnership affected by this filing)*

Instructions

The form is to be used by an existing registered agent of a Limited Liability Partnership to change the address of its business office. The registered office may be the same as the place of business of the Limited Liability Partnership. The Limited Liability Partnership cannot act as its own registered agent. The address of the Limited Liability Partnership's registered office and the address of the business office of its registered agent must be identical. The signature of the agent, if a corporation, must be executed by an authorized person(s). Any subsequent change in the registered office or registered agent must be immediately reported to the Secretary of State.

Charter #: \_\_\_\_\_

1. The name(s) of the Limited Liability Partnership(s) is \_\_\_\_\_

2. The name of the registered agent is \_\_\_\_\_

3. The address, including street number, of the present business office of the registered agent is \_\_\_\_\_

*Address*

*City/State/Zip*

4. The address, including street number, of the business office of the registered agent is hereby changed to \_\_\_\_\_

*Address (PO Box may only be used in conjunction with a physical street address)*

*City/State/Zip*

5. A copy of this Certificate has been mailed by the registered agent to the Limited Liability Partnership named above.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

\_\_\_\_\_  
*Authorized Signature of Registered Agent*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_