1. Submit this form with the $35 filing fee.

2. Any of the following may serve as resident agent:
   a) an individual,
   b) a Kansas corporation, limited partnership, limited liability company or business trust, or
   c) a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas.

   A foreign limited liability partnership may not be its own resident agent.

3. This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov.

STAY UP-TO-DATE ON YOUR ORGANIZATION’S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: There is a $25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.
### KANSAS SECRETARY OF STATE

**Change of Registered Office or Agent by a Limited Liability Partnership**

**CONTACT:** Kansas Office of the Secretary of State  
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
ssos@sos.ks.gov  
www.sos.ks.gov

**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing.  
Please read instructions sheet before completing.

1. **Business entity ID number:**  
   This is not the Federal Employer ID Number (FEIN)

2. **Name of limited liability partnership:**  
   Name must match the name on record with the Secretary of State

3. **State/Country of organization:**

4. **The new name of the resident agent and address of registered office in Kansas:**  
   Address must be a street address. A P.O. box is unacceptable

   - **Name**
   - **Street Address**
   - **City**
   - **State**
   - **Zip**

5. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

   - **Signature of partner**
   - **Date (month, day, year)**

   **Name of signer (printed or typed)**