

**RLL**  
53-06



Instructions:  
**Change of Registered  
Office or Agent by a  
Limited Liability Company**

**Contact:**  
**Kansas Secretary of State, Ron Thornburgh**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@kssos.org  
www.kssos.org

- 1. Submit this form with the \$35 filing fee.
- 2. The resident agent must be 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 company 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.kssos.org](http://www.kssos.org).

---

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.KSSOS.ORG](http://WWW.KSSOS.ORG). 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.*

**RLL**

KANSAS SECRETARY OF STATE

**53-06****Change of Registered Office or Agent  
by a Limited Liability Company****CONTACT: Kansas Secretary of State, Ron Thornburgh**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@kssos.org  
www.kssos.org*Above space is for office use only.***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 company:**  
*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 the registered office in Kansas:**  
*Address must be a street address  
A P.O. box is unacceptable*

Name

Street Address

City

State

Zip

**5. Effective date:**  
*A future effective date must be within 90 days of filing date* Upon filing Future effective date \_\_\_\_\_  
Month Day Year**6. 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 authorized person*\_\_\_\_\_  
*Date (month, day, year)*\_\_\_\_\_  
*Name of signer (printed or typed)*