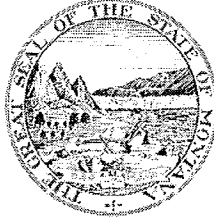


# STATE OF MONTANA

STATEMENT of CHANGE  
of REGISTERED AGENT  
and/or REGISTERED OFFICE



This is the minimum information required  
(This space for use by the Secretary of State only)

**MAIL:** LINDA McCULLOCH  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
**PHONE:** (406)444-3665  
**FAX:** (406)444-3976  
**WEBSITE:** [sos.mt.gov](http://sos.mt.gov)

No Fee

- 24 Hour Priority Filing Add \$ 20.00
- 1 Hour Expedite Filing Add \$100.00

For the purpose of having and continuously maintaining a registered agent at a registered office **within the State of Montana**, the undersigned submits the following statements of fact to the Secretary of State in accordance with 35-7-108, MCA, or 35-7-109, MCA:

**1. The exact name of the entity:**

\_\_\_\_\_

**Registered Agent Information**

- 2. The name of the current registered agent:** \_\_\_\_\_
- 3. The street and mailing address of the current registered office:**

\_\_\_\_\_  
\_\_\_\_\_

- 4. The name of the newly appointed registered agent:** \_\_\_\_\_
- 5. The street and mailing address of the newly appointed registered office (Must be in Montana and include street name and number or physical location in addition to box number with the city and zip):**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of consent of agent if filing under 35-7-109, MCA:**

\_\_\_\_\_

**6. By my signature, I, as an official of the above entity, do state that I signed this statement on behalf of the entity and that the statements contained therein are true, under penalty of false swearing.**

\_\_\_\_\_  
Signature of Authorized Person for Entity if filed under 35-7-108, MCA

\_\_\_\_\_  
Dated (Mo/Day/Yr)

\_\_\_\_\_  
Printed Name and Title of above Authorized Person

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

## PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.