

STATE OF MONTANA

STATEMENT of CHANGE
of REGISTERED AGENT
and/or REGISTERED OFFICE for DOMESTIC OR
FOREIGN SERIES LIMITED LIABILITY COMPANY

Prepare, sign, submit with an original signature and filing fee
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

Required Filing Fee: No Fee

- 24 Hour Priority Handling check box and **Add \$20.00**
- 1 Hour Expedite Handling check box and **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:** _____
2. **Names of Series Members (attach list)** _____

Registered Agent Information

3. **The name of the current registered agent:** _____
4. **The street or rural route box number and mailing address of the current registered office in Montana:**

Street or Rural Route Box Number

Mailing Address

City: _____ State: MT Zip Code: _____

5. **The name of the newly appointed registered agent:** _____
6. **The street or rural route box number and mailing address of the newly appointed registered office in Montana:**

Street or Rural Route Box Number

Mailing Address

City: _____ State: MT Zip Code: _____

Signature of consent of agent if filing under [35-7-109, MCA](#):

7. **I HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true and are signed on behalf of the entity.

Signature of Authorized Person for Entity if filed under [35-7-108, MCA](#)

Date

Printed Name and Title of above Authorized Person

Daytime Phone Number

Email