

LLR
53-06

KANSAS SECRETARY OF STATE
Change of Registered Office or
Agent by a Limited Liability Partnership
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

All information on the articles of incorporation **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

<input type="checkbox"/> Filing fee	The filing fee for this form is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Resident agent	Any of the following may serve as a 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.
<input type="checkbox"/> Mailing address	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 .

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THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

2. Name of limited liability partnership:

Must match name on record with Secretary of State.

3. State/Country of organization

4. The new name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name

Street Address

City

State

KS

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 Authorized Officer

Name of Signer (Printed or Typed)

Month

Day

Year