



## STATEMENT OF CHANGE OF REGISTERED AGENT

State Form 56367 (R4 / 6-19)

**INSTRUCTIONS:** 1. Use 8½" x 11" white paper for attachments.

2. Please **TYPE** or **PRINT** in **INK**.

3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)

4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

**NOTE:** *This form is to be used by a represented entity or a commercial registered agent to change the registered agent information of a particular business on file with the Secretary of State's office.*

**INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.**

Name of business

E-mail address of business (SOS use only)

**RETURN DOCUMENTS TO:**

|                              |   |          |
|------------------------------|---|----------|
| Name                         |   |          |
| Street address, line 1       |   |          |
| Street address, line 2       |   |          |
| City                         | State   | ZIP code |
| Telephone number<br>(      ) | E-mail address (If different from above – SOS use only) |          |





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Indiana Code 23-0.5-4-6

NO FILING FEE

The undersigned, desiring to change the registered agent information on file with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-4-6, executes the following Statement of Change of Registered Agent.

### ARTICLE I – ENTITY INFORMATION

The name of the entity

The name of the current registered agent

### ARTICLE II – REGISTERED AGENT INFORMATION

**To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://INBIZ.in.gov).**

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent Name of registered agent (Do not provide address.)

OR

Noncommercial registered agent Name of registered agent

Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.) City State ZIP code

IN

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Statement of Change of Registered Agent has consented to the appointment of Registered Agent.

In Witness Whereof, the undersigned duly authorized representative of the entity executes this Statement of Change of Registered Agent and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
2019

Signature

Ton Glore

Printed name

Title