

**STATEMENT OF CHANGE OF REGISTERED AGENT**

State Form 56367 (R4 / 6-19)

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

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

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 ()	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.

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

IN

ZIP code

(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____.

Signature

Tom Glover

Printed name

Title