

**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
Labor Law Poster Service
E-mail address of business (SOS use only)
michaelb@llpsinc.com

RETURN DOCUMENTS TO:

Name		
Michal Bishop		
Street address, line 1		
5859 W. Saginaw Hwy.		
Street address, line 2		
#343		
City	State	ZIP code
Lansing	MI	48917
Telephone number	E-mail address (If different from above – SOS use only)	
(517) 321-4144		





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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

Labor Law Poster Service

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.)

Northwest Registered Agent LLC

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.)

5534 Saint Joe Road

City

Fort Wayne

State

IN

ZIP code

46835

(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 27 day of July, 2022.

Signature

Printed name

Tom Glover

Title

Assistant Secretary