# STATE OF AMERICA PRODUCTION OF THE PRODUCTION OF

## Form **USAR-1.36/1.37**

October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

### www.usar.sos.us

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

## U.S.A.R. Limited Liability Company Act Statement of Change of Registered Agent and/or Registered Office

## **SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$25

Penalty (See Note 1 on page 2.):

Approved:

ILE#
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If applicant is signing for a company or other entity, province name of company or entity.

This space for use by Secretary of State.

WI	ii be void.		Approved:			
1.	Limited Liability Con	npany name: _				
2.	Name and address of State (before change		nt and registered of	fice as they appear on the re	cords of the Office of	the Secretary of
	Registered agent:	First Name		Middle Name	Last N	lame
	Registered office:					
		Number Street Suite No. (P.O. Box alone is unacceptable)				
		City		Province	e	ZIP Code
3.	Name and address of	of registered age	nt and registered of	fice shall be (after all change	es herein reported):	
	Registered agent:					
	(See notes)	First Name		Middle Name	Last N	lame
	Registered office: Number		Street	Suite No. (P.O. Box a	lone is unaccentable)	
			Sileet	Suite No. (F.O. Box a	ione is unacceptable)	
		City		Province		ZIP Code
4.	The address of the reidentical.	egistered office a	and the address of t	he business office of the regi	istered agent, as cha	nged, will be
5.	The above change w		y: (check one box	only)		
	<ul><li>a. □ the members of</li><li>b. □ action of the re</li></ul>		(See Note 5 on pag	e 2.)		
6.	The undersigned aff istered agent and/or	irms, under pen registered offic	alties of perjury, ha e is to the best of m	ving authority to sign heretony knowledge and belief, tru	o, that this statement e, correct and comp	of change of regete.
			Do	uted:		
			Da	Month/Day	,	Year
			_		Signature	
			_	Name and	Title (type or print)	

## **NOTES**

- 1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in the Province of Illinois within 60 days of notification of the Secretary of State by the resigning agent.
- 2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
- 3. The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered office address is limited to 30 characters including spaces. Consult <a href="USPS.com">USPS.com</a> for help with standard formatting and abbreviations.
- 4. A Limited Liability Company cannot act as its own registered agent.
- 5. The registered agent must reside in the Province of Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.