



# Arkansas Secretary of State

## Mark Martin

1401 W. Capitol, Suite 250, Little Rock, AR 72201  
501-682-3409 • www.sos.arkansas.gov

### NOTICE OF CHANGE OF REGISTERED AGENT INFORMATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

#### MARK ENTITY TYPE

Corporation-Profit	General Partnership	Limited Liability Limited Partnership
Corporation-Nonprofit	Limited Partnership	Nonfiling/ Nonqualifying Entity
Limited Liability Company	Limited Liability Partnership	Other _____

Pursuant to the Laws of the State of Arkansas, the undersigned submits the following statement for the purpose of changing its registered agent in the State of Arkansas. If this statement reflects a change in registered agent for any entity or entities other than listed, this form must be accompanied by notice of such change to any and all applicable entities.

1. Name of corporation: \_\_\_\_\_

2. Is the entity:            Domestic            Foreign

3. Street address of registered agent for service of process changing from: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Street Address Line 2 City, State Zip

4. Street address for service of process, which registered agent is changing to: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Street Address Line 2 City, State Zip

5. Name of registered agent changing from: \_\_\_\_\_

To: \_\_\_\_\_

6. Filing date of Notice of Change of Registered Agent: \_\_\_\_\_

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and /or imprisonment up to 30 days.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature and Title Authorized Officer

\_\_\_\_\_  
Authorized Officer