



# Arkansas Secretary of State

## Mark Martin

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

### NOTICE OF CHANGE OF REGISTERED AGENT INFORMATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

**MARK ENTITY TYPE**

- Corporation-Profit
- Corporation-Nonprofit
- Limited Liability Company
- General Partnership
- Limited Partnership
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Nonfiling/ Nonqualifying Entity
- 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: \_\_\_\_\_

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 of Governor (Authorized Director or Officer)

\_\_\_\_\_  
Printed Name of Governor (Authorized Director or Officer)