

LR
53-06

KANSAS SECRETARY OF STATE
**Change of Registered Office or
Agent by a Limited Partnership**
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

All information on the foreign statement of qualification **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to **www.sos.ks.gov**.

<input type="checkbox"/> Filing fee	The filing fee for this form is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Resident agent	Any of the following may serve as resident agent: a. an individual, b. a Kansas corporation, limited partnership, limited liability company or business trust, or c. a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas. A foreign limited partnership may not be its own resident agent.
<input type="checkbox"/> Mailing address	This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov .

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THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Business entity ID number

Not the Federal Employer ID Number (FEIN)

2. Name of limited partnership

Must match name on record with the Secretary of State

3. State/Country of organization

4. Name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name

Street Address

City

State

KS

Zip

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and we have remitted the required fee.

Signature of General Partner

Month

Day

Year

Name of Signer (Printed or typed)