

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Certificate of Amendment of Registration-Foreign

(15 Pa.C.S. § 8585)

- Limited Partnership
- Registered Limited Liability Partnership
- Registered Limited Liability Company

| | | |
|---------|-------|----------|
| Name | | |
| _____ | | |
| Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | _____ | _____ |

Document will be returned to the name and address you enter to the left.



Fee: \$250

In compliance with the requirements of 15 Pa.C.S. § 8585 (relating to amended certificate of registration), the undersigned, desiring to change the arrangements or other facts described in its application for registration as a foreign limited partnership, foreign registered limited liability partnership or a foreign limited liability company hereby states that:

1. The name under which the association was registered (or last registered) to do business in the Commonwealth of Pennsylvania is:

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

| | | | | |
|---|--------|-------|-----|--------|
| (a) Number and street | City | State | Zip | County |
| _____ | | | | |
| (b) Name of Commercial Registered Office Provider | County | | | |
| c/o: | _____ | | | |

3. *(If applicable)*: The address of the registered office of the association in this Commonwealth is hereby changed to:

| | | | | |
|---|--------|-------|-----|--------|
| (a) Number and street | City | State | Zip | County |
| _____ | | | | |
| (b) Name of Commercial Registered Office Provider | County | | | |
| c/o: | _____ | | | |

4. *If applicable:* The association desires that its registration be amended to change its name to:

5. *If applicable:* The association desires that its registration be amended as follows in order to reflect arrangements or other facts that have changed.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Amendment of Registration to be signed by a duly authorized officer, member or manager thereof this

___ day of _____, ____.

Name of Association

Signature

Title