PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

| Return document by mail to: | Change of Registered Office |
|---|---|
| Name | DSCB:15-1507/5507/8625/8825 (rev. 2/2017) |
| Address | |
| City State Zip Code | |
| Return document by email to: | 15076 |
| | |
| Fee: \$5 The type of domestic association (check onl | v one); |
| | <u>_</u> |
| □ Business Corporation □ Limited Liabil □ Nonprofit Corporation □ Limited Partner | |
| in compliance with the requirements of the applicable provise change of registered office), the undersigned domestic corporation in the change of the provise in the complex change of the change of t | ration, limited liability company, limited partnership or |
| 1. The name of the association is: | |
| 2. The current registered office address as on file with the D | epartment of State. Complete part (a) OR (b) – not both: |
| (a) Number and street City | |
| Number and street City | State Zip County |
| (b) c/o:Name of Commercial Registered Office Provider | County |
| 3. New address. <i>Complete part (a)</i> OR (b) – not both: | |
| | tered office of the corporation, limited partnership, limited s to be changed is: |
| Number and street City | State Zip County |
| (b) The registered office of the corporation, limited partner partnership or limited liability company shall be provided c/o: Name of Commercial Registered Office Provider | |
| Name of Commercial Registered Office Provider | County |
| 1. For corporations only: Such change was authorized by the | e Board of Directors of the corporation. |
| N TESTIMONY WHEREOF, the undersigned has caused to be signed by a duly authorized officer, general partner, mem, 20 | his Statement or Certificate of Change of Registered Office to ber or manager thereof this day of |
| <u> </u> | |
| | Name of Corporation/Limited Partnership/ Limited Liability Limited Partnership/Limited Liability Company |
| | Signature |
| | Tido |