



5. The new registered office address in this Commonwealth of the above-named association represented is:

\_\_\_\_\_

Number and street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

County

*For termination of status as provider of the registered office*

6. \_\_\_ The status of the agent as provider of the registered office of the above-named association has been terminated.

7. The last known address above-named association represented is:

\_\_\_\_\_

Number and street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

County

IN TESTIMONY WHEREOF, the undersigned person has caused this Statement of Change of Registered Office by Agent to be signed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title