CHANGE OR DESIGNATION OF REGISTERED AGENT AND/OR REGISTERED OFFICE AND/OR DESIGNATED OFFICE (OKLAHOMA LP)

Filing Fee: $25.00

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

I hereby execute the following articles for the purpose of changing the limited partnership's registered agent and/or its registered office and/or its designated office pursuant to the provisions of Title 54, Section 500-115A:

1. Name of the limited partnership or limited liability limited partnership:

_____

2. **CURRENT: NAME**, email, and street address of the registered agent for service of process in the state of Oklahoma:

_____ Oklahoma _____

Name **Street Address** **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

Email Address: _____

3. **AS AMENDED: NAME**, email, and street address of the registered agent for service of process in the state of Oklahoma:
   - ❖ The registered agent **shall** either be the company itself, an individual resident of Oklahoma, **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

_____ Oklahoma _____

Name **Street Address** **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

Email Address: _____

4. **CURRENT:** Street and mailing address of the designated office in Oklahoma, which need not be a place of its activity:

_____ Oklahoma _____

Street Address **City** **State** **Zip Code**

5. **AS AMENDED:** Street, email, and mailing address of the designated office in Oklahoma, which need not be a place of its activity:

_____ Oklahoma _____

Street Address **City** **State** **Zip Code**

Email Address: _____

6. **E-MAIL** address of the primary contact for the registered business:

_____

❖ Notice of the Annual Certificate will **ONLY** be sent to the Limited Partnership at this electronic mail address.

This statement must be executed by a current general partner of the limited partnership.

- Signature: _____ Dated: _____
- Printed Name: _____ Title: _____
- Printed Name of **General Partner**: _____

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)