

**CERTIFICATE OF AMENDMENT**  
**(DOMESTIC CHANGE OF REGISTERED AGENT and/or OFFICE)**

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
*www.sos.nebraska.gov*

The following limited partnership, pursuant to the laws of the state of Nebraska, does hereby wish to amend its certificate of limited partnership to change its registered agent and/or registered office.

Name of limited partnership \_\_\_\_\_

Date certificate of limited partnership was filed \_\_\_\_\_

**Previous:**

Registered Agent: \_\_\_\_\_

Registered Office: \_\_\_\_\_ NE  
Street Address and Post Office Box (if any) City

**New:**

Registered Agent: \_\_\_\_\_

Registered Office\*: \_\_\_\_\_ NE  
Street Address and Post Office Box (if any) City Zip

\* The street address of the registered office and the street address of the registered agent must be identical.

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature of general partner

\_\_\_\_\_  
Printed Name of general partner

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FILING FEE: \$30.00 (In-Office)