



## ARTICLES OF INTEREST EXCHANGE

State Form 56354 (R4 / 6-19)

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT** in **INK**.
  3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)
  4. Make check or money order payable to the Secretary of State.
  5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

**INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.**

Name of business
E-mail address of business (SOS use only)

**RETURN DOCUMENTS TO:**

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (     )	E-mail address (If different from above – SOS use only)	





# ARTICLES OF INTEREST EXCHANGE

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Indiana Code 23-0.5-9-47  
23-0.6-3-5

FILING FEE: \$90.00

The undersigned, desiring to engage in an interest exchange pursuant to the provisions of Indiana Code 23-0.6-3, executes the following Articles of Interest Exchange.

## ARTICLE I – ACQUIRED ENTITY

SECTION 1: Name of the entity *(The name must meet the requirements of Indiana Code 23-0.5-3-1.)*

The name of the acquired entity immediately before filing these Articles of Interest Exchange

SECTION 2: Entity type *(Example: corporation, limited liability company, etc.)*

The entity type of the acquired entity immediately before filing these Articles of Interest Exchange

## ARTICLE II – ACQUIRING ENTITY

SECTION 1: Name of the entity *(The name must meet the requirements of Indiana Code 23-0.5-3-1.)*

The name of the acquiring entity

SECTION 2: Entity type *(Example: corporation, limited liability company, etc.)*

The entity type of the acquiring entity

SECTION 3: Jurisdiction

The jurisdiction of formation of the acquiring entity

## ARTICLE III – REGISTERED AGENT INFORMATION

**To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://INBIZ.in.gov).**

Provide either commercial registered agent or noncommercial registered agent information below.

<input type="checkbox"/> Commercial registered agent	Name of registered agent <i>(Do not provide address.)</i>			
<b>OR</b>				
<input type="checkbox"/> Noncommercial registered agent	Name of registered agent			
Address <i>(number and street)</i> <i>(A P.O. Box is not acceptable unless accompanied by a Rural Route number.)</i>		City	State <b>IN</b>	ZIP code
<b>(OPTIONAL)</b> E-mail address of the registered agent at which the registered agent will accept electronic service of process				
<input type="checkbox"/> By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Interest Exchange has consented to the appointment of Registered Agent.				

## ARTICLE IV – EFFECTIVE DATE

Effective date of the Articles of Interest Exchange *(month, day, year)* *(The effective date may not be more than ninety (90) days after the date the Articles of Interest Exchange were filed.)*

## ARTICLE V – APPROVAL

This interest exchange was approved by the acquiring entity in accordance with Indiana Code 23-0.6-3.

## ARTICLE VI – AMENDMENTS

If, as a result of these Articles of Interest Exchange, there are any amendments to the public organic record of the acquired entity that were approved as part of the plan of interest exchange, please attach the amendments and label them "Exhibit A."

In Witness Whereof, the undersigned duly authorized representative of the acquired entity executes these Articles of Interest Exchange and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

Printed name

Title