



**NOTICE OF CHANGE OF GOVERNING PERSON
(OFFICERS, DIRECTORS, PRINCIPALS,
MEMBERS / MANAGERS)**

State Form 50655 (R10 / 01-26)

INSTRUCTIONS:

1. Use 8½" x 11" white paper for attachments.
2. Please TYPE or PRINT LEGIBLY in INK. Print all forms single sided.
3. For additional forms please visit in.gov/sos/business/division-forms
4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.
5. This form may not be used by a Series to change its Principal / Officer information. Please submit Articles of Designation.

PLEASE NOTE: INCORPORATORS CANNOT BE CHANGED.

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)	





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NO FILING FEE

Name of entity
Date of incorporation / organization / registration (month, day, year)

Please indicate whether the name should be added, edited, or removed from the record. You must have at least one governing person on the record.			
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)	
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #	
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)	
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #	
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)	
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #	

In witness whereof, the undersigned executes this Notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.	
Signature	
Printed name	Title