

**NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS**

State Form 50656 (R8 / 01-26)

**Diego Morales**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 234-9768  
[INBiz.in.gov](http://INBiz.in.gov)

- 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](http://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 address. Please submit Articles of Designation.

**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)





# NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS

State Form 50656 (R8 / 01-26)

**NO FILING FEE**

Name of entity			
Date of incorporation / organization / registration ( <i>month, day, year</i> )			
Address of current principal office ( <i>number and street</i> )	City	State	ZIP code
<input type="checkbox"/> All business is conducted remotely from a governing person's residence, and the principal office address is a contact address. (If you check this box, leave the following line blank and include State Form 9900382 with your filing)			
Address of new principal office ( <i>number and street</i> )	City	State	ZIP code

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