



NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS

State Form 50656 (R8 / 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 address. Please submit Articles of Designation.

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

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)			
Address of current principal office (number and street)	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 (number and street)	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		