

CONNIE LAWSON SECRETARY OF STATE CORPORATIONS DIVISION

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Indiana Code 23 -1-1-1 et seq.

NO FILING FEE

Name of corporation or other entity	Date of incorporation / organization / registration (month, day, year)
Name of current principal / officer	
Address of current principal / officer (number and street, city, state, and ZIP code)	
Name of new principal / officer	
Address of new principal / officer (number and street, city, state, and ZIP code)	
IN WITNESS WHEREOF, the undersigned executes this notice ar	nd verifies, subject to the penalties of perjury, that the
statements contained herein are true, this day	y of , 20
Signature Title	,

PLEASE NOTE: INCORPORATORS CANNOT BE CHANGED.