



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

State Form 50655 (R9 / 05-24)

**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 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 ( <i>month, day, year</i> )

**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>i.e. president, secretary, member, manager</i> )	Action ( <i>Check one.</i> ) <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address ( <i>number and street</i> )	City	State	ZIP code
Name	Title ( <i>i.e. president, secretary, member, manager</i> )	Action ( <i>Check one.</i> ) <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address ( <i>number and street</i> )	City	State	ZIP code
Name	Title ( <i>i.e. president, secretary, member, manager</i> )	Action ( <i>Check one.</i> ) <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address ( <i>number and street</i> )	City	State	ZIP code
Name	Title ( <i>i.e. president, secretary, member, manager</i> )	Action ( <i>Check one.</i> ) <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address ( <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