



NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS

State Form 50656 (R6 / 8-17)

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office on the web at www.sos.IN.gov
 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)	





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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
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