



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

State Form 50655 (R8 / 11-18)

**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 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