

**Form LP 115
September 2008**

Filing Fee: \$50

Submit in duplicate. Payment may be made by check payable to Secretary of State.
Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Change of Designated Office or
Agent for Service of Process
(Illinois or Foreign Limited Partnership or LLLP)**

Please type or print clearly.

1. Limited Partnership Name: _____

2. Foreign Alternate Assumed Name, if any: _____

3. File Number assigned by Secretary of State: _____

4. Federal Employer Identification Number (F.E.I.N.): _____

Instructions for completing items 5 and 6: Section 111 of the Uniform Limited Partnership Act (2001) requires that a designated office be maintained, at which the records of the limited partnership are to be kept. With respect to a domestic limited partnership, the designated office is first established upon filing the Certificate of Limited Partnership. With respect to a foreign limited partnership, the designated office is the principal office. Complete item 5 with the current address of the designated office, and item 6 with the address as changed. If there is no change in the address of the designated office, insert "N/A" in item 6.

5. Street and Mailing Address of current Designated Office at which the records required by Section 111 are kept:

City, State, ZIP, County

6. If changed, Street and Mailing Address of new Designated Office at which the records required by Section 111 will be kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP, County

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Instructions for completing items 7 and 8: Section 114 of the Uniform Limited Partnership Act (2001) requires that an agent for service of process residing within the State of Illinois be designated and continuously maintained. Complete item 7 with the name and address of the current agent for service of process and item 8 with the agent and address as changed. If there is no change to the agent or address for service of process, insert "N/A" in item 8.

7. Name, Street and Mailing Address of Current Agent for Service of Process:

Agent: _____
Name

Address: _____

City (must be in Illinois), ZIP, County

8. If changed, new Name and/or Street and Mailing Address of Agent for Service of Process:

Agent: _____
Name

Address: _____
Street Address (P.O. Box alone is unacceptable.)

City (must be in Illinois), ZIP, County

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. **A General Partner must sign this form.**

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**