

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073  
Fax: 302-739-3812**

**Certificate of Blanket Change of Name  
for Limited Liability Company**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Blanket Change of Name of Registered Office, to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee for filing the certificate is \$200.00. Please make your check payable to the “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
rev. 05/06

**CERTIFICATE OF CHANGE OF NAME OF  
REGISTERED OFFICE OF REGISTERED AGENT  
PURSUANT TO SECTION 18-104(B) OF THE  
LIMITED LIABILITY COMPANY ACT**

The undersigned Agent for service of process, in order to change the name of the registered office of the Limited Liability Companies for which it is registered agent, hereby certifies that:

1. The old name of the registered agent was: \_\_\_\_\_  
\_\_\_\_\_.
2. The new name of the registered agent is:  
\_\_\_\_\_  
\_\_\_\_\_.
3. The address of the registered office is:  
\_\_\_\_\_  
\_\_\_\_\_.

**IN WITNESS WHEREOF**, said agent has caused this certificate to be signed  
this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

BY: \_\_\_\_\_  
Registered Agent / Authorized Person(s)

NAME: \_\_\_\_\_  
Print or Type

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073  
Fax: 302-739-3812**

**Change of Agent for  
Limited Liability Company**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Change of Agent for a Delaware Limited Liability Company to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee to file the Certificate is \$200 and you will receive a stamped “Filed” copy of your submitted document. A certified copy may be requested for an additional \$30. Expedited services are available. Please contact our office concerning these fees.

Please make your check payable to “Delaware Secretary of State”. For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us in contacting you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don’t hesitate to call at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl. 6/04

**CERTIFICATE OF CHANGE OF ADDRESS OF  
REGISTERED OFFICE OF REGISTERED AGENT  
PURSUANT TO SECTION 18-104(B) OF THE  
LIMITED LIABILITY ACT**

The undersigned Agent for service of process, in order to change the address of the registered office of the Limited Liability Companies for which it is registered agent, hereby certifies that:

1. The name of the registered agent is: \_\_\_\_\_  
\_\_\_\_\_.

2. The address of the old registered office was:  
\_\_\_\_\_  
\_\_\_\_\_.

3. The address to which the registered office is to be changed is:  
\_\_\_\_\_  
\_\_\_\_\_.

4. The new address will be effective on: \_\_\_\_\_

**IN WITNESS WHEREOF**, said agent has caused this certificate to be signed  
this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

BY: \_\_\_\_\_

Registered Agent / Authorized Person(s)

NAME: \_\_\_\_\_

Print or Type