



# Limited Partnership - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200  
Fax: (503) 378-4381

REGISTRY NUMBER: \_\_\_\_\_

ENTITY TYPE:  DOMESTIC  FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** ink. Attach Additional Sheet if Necessary.

**1. NAME OF LIMITED PARTNERSHIP:**

\_\_\_\_\_

**2. RECORDS OFFICE ADDRESS: (Street Address)**

\_\_\_\_\_  
\_\_\_\_\_

**5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. THE REGISTERED AGENT HAS BEEN CHANGED TO:**

\_\_\_\_\_

**4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

Must be an Oregon Street Address, which is identical to the registered agent's office.

\_\_\_\_\_  
\_\_\_\_\_

**6. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.**

**7. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.**

The entity has been notified in writing of this change.

**ONLY GENERAL PARTNER ADDRESSES MAY BE CHANGED WITH THIS FORM.**

**(THE ADMISSION OF A NEW GENERAL PARTNER OR THE WITHDRAWAL OF A GENERAL PARTNER MUST BE SUBMITTED AS AN AMENDMENT OR RESTATEMENT.)**

**8. GENERAL PARTNERS ADDRESS CHANGE:** (Name and New Address)

(Name and New Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. EXECUTION:** I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

**SIGNATURE:**

**PRINTED NAME:**

**TITLE:**

\_\_\_\_\_

**CONTACT NAME:** (To resolve questions with this filing)

**PHONE NUMBER:** (Include area code)

\_\_\_\_\_

**FEES**

No Processing Fee

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.