

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

**Certificate of Change of Agent
Exempt Corporation**

Dear Sir or Madam:

In reply to your recent request, enclosed is a copy of a Certificate of Change of Registered Agent and/or Agent Address to be filed in accordance with the General Corporation Law of the State of Delaware. The fee for filing the certificate is \$5.00 for exempt corporations. You may request a certified copy for an additional \$50.00. 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 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 your 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. 07/04

**STATE OF DELAWARE
CERTIFICATE OF CHANGE
OF REGISTERED AGENT AND/OR
REGISTERED OFFICE**

The Board of Directors of _____,
a Delaware Corporation, on this _____ day of
_____, A.D. _____, do hereby resolve and order that the
location of the Registered Office of this Corporation within this State be, and the
same hereby is _____
_____ Street, in the City of _____,
County of _____ Zip Code _____.

The name of the Registered Agent therein and in charge thereof upon whom
process against this Corporation may be served, is _____
_____.

The Corporation does hereby certify that the foregoing is a true copy of a
resolution adopted by the Board of Directors at a meeting held as herein stated.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be
signed by an authorized officer, the _____ day of _____,
A.D., _____.

By: _____
Authorized Officer

Name: _____
Print or Type

Title: _____