

Illinois  
Uniform Limited Partnership Act  
**Change of Designated Office or  
Agent for Service of Process**

FILE #

This space for use by Secretary of State.

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

**SUBMIT IN DUPLICATE**

Please type or print clearly.

**Payment may be made by check  
payable to Secretary of State. If check  
is returned for any reason this filing  
will be void. Please do not send cash.**

**Filing Fee:** \$50

**Approved:**

1. Limited Partnership Name: \_\_\_\_\_
2. Foreign Alternate Name, if any: \_\_\_\_\_

Instructions for completing items 3 and 4: 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 3 with the current address of the designated office, and item 4 with the address as changed. If there is no change in the address of the designated office, insert N/A in item 4.

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

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

\_\_\_\_\_  
City, State, ZIP

4. 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

Instructions for completing items 5 and 6: 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 5 with the name and address of the current agent for service of process and item 6 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 6.

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

Agent: \_\_\_\_\_  
Name

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

\_\_\_\_\_  
City

**IL**

\_\_\_\_\_  
ZIP

**Form LP 115**

6. 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.)

\_\_\_\_\_ **IL** \_\_\_\_\_  
City ZIP

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

Date: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if a 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.**