

FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Certificate of
Change of Address of the
Limited Partnership's
Records Office

(PURSUANT TO NRS 87A.215 AND 88.330)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

4. November 18 18 18 18 18 18 18 18 18 18 18 18 18		
Name of Limited Partnership:		
2. Previous Address of Records Office:		
Street Address		
	Nevada	
City	Novada	Zip Code
		•
3. New Address of Records Office:		
Street Address		
Street Address		
	Nevada	
City		Zip Code
4. Signature:		
X		
Authorized Signature of General Partner	— Date	

FILING FEE: \$60.00



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Customer Order Instructions

SUBMIT THIS COMPLETE	D FORM WITH YOUR FILING		USE BLA	CK INK ONLY - DO NOT HIGHLIGHT
Proces Service Re	-	Regular	24-Hour Exped	ite (additional fee included)
Name of Entity:				Date:
Return to:				
Contact Name:			Phone:	
Return Delivery	(email or fax options of	do not receive a copy	via mail; must be ordered se	eparately)
Email to:			☐ Fax to:	
☐ Hold for Pick	Up Mail to Ad	ddress Above	FedEx: Acct #	
Other: (explain	below)			
	On: (include items being o		file	
stamped copy ordered copy is \$2.00 per page	s office keeps the original d at the time of filing is at the (plus \$30.00 for each c	no charge. Each add		unt:
Method of Paym		01	□	
Check/Money	y Order Credit	Card (attach ePaymo	ent checklist)	ccount:
Use balance	remaining in job#			



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SUBMIT THIS COMPLETED FORM WITH YOUR FILING

1 or 2-Hour Expedite Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Process Service Red	-	2-Hour Expedite additional \$500.00 fe		1-Hour Expedite (additional \$1000.00 fee inc	luded)
Name of Entity:				Date:	
Return to:					
Contact Name:			Phone:		
Return Delivery	/ :				
Email to:			☐Fa	x to:	
☐ Hold for Pick	Up Mail to Ad	ddress Above	FedEx: A	oct #	
Other: (explain	below)				
Order Description	n: (include items being o	ordered and fee brea	kdown)*		
*PLEASE NOTE: this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).					
Method of Paym	ent:				
Check/Money	Order Credit	Card (attach ePaym	ent checklist)	Trust Account:	
Use balance	remaining in job#				



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (e-mail) or to provide a correct e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in complete filling condition.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

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Processing Requested	<u>d:</u>	
Regular	24-HOUR Expedite 4-HOUR Expe	dite (Apostille only)
2-HOUR Expedite	1-HOUR Expedite Same Day (Do	omestic Partnership only)
Order Information (req	uired)	
Entity Name/Order Refere	nce:	
Cardholder Name (as show	wn on credit card):	
Billing Street Address:		
City:	State: Zip:	
		_
	d:Card Type: VISA Master	Card Amex Discove
Authorized to Charge:		
fee of 2.5% added to the to- card processing fee, I can certify that I am the cardho cardholder agreement. I fu	erstand that there will be a non-refundable cre tal amount of the transaction. I understand if I either mail a check, or pay in person by cas lder and responsible for this payment in accor rther understand that I am responsible for ar empany denies my credit card payment.	do not wish to pay the creding the creding the creding the creding the creding that the issuing bank the issuing bank the issuing bank the issuing bank the creding that the creding the creding that the creding the creding that the creding the creding the creding that the creding th
Authorized Signature		
x	Date:	
CREDIT CARD INFO: Y	our payment cannot be processed unless a	all fields are completed!
1. Credit Card Number:		All 3 fields MUST
2. Expiration Date:		be completed!
*3-digit number found on and Discover cards	the far right of the backside of VISA, MasterCard the front right side of American Express card.	This section will be destroyed after the payment is processed.
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Form: 230105 rev: 8/1/2023