This form must be type written or computer generated.

Link to Limited Liability Partnership Registration Information Change Form Addendum

Print Form | Instructions | Clear Form

**State of Utah**
**Department of Commerce**
**Division of Corporations & Commercial Code**
**Limited Liability Partnership Registration Information Change Form**

**Non-Refundable Processing Fee: $15.00**

**Entity File Number:** _____

**Entity Name:** _____

**For each Yes button that you mark the question will appear below for you to fill out.**

**1). Do you want to Change the Business Purpose?** ○ **Yes** ○ **No**

**2). Do you want to Change the Registered Agent or the Address of the Registered Agent?** ○ **Yes** ○ **No**

**3). Do you want to Change the Principal Address of the Business Entity?** ○ **Yes** ○ **No**

**4). Do you want to Add individuals to the Business Entity?** ○ **Yes** ○ **No**

**5). Do you want to Remove individuals from the Business Entity?** ○ **Yes** ○ **No**

**6). Do you want to Change the Address of the Business Entity's Principal(s)?** ● **Yes** ○ **No**

**6). If Yes, who is the Principal(s) whose Address you wish to Change?**

Name: _____ Position: Select/Type the position here

Address: _____ City _____ State _____ Zip _____

Name: _____ Position: Select/Type the position here

Address: _____ City _____ State _____ Zip _____

**Optional Inclusion of Ownership Information: This information is not required.**

Is this a female owned business? ○ Yes ○ No

Is this a minority owned business? ○ Yes ○ No If yes, please specify: Select/Type the race of the owner here

**Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.**

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: _____ Signature: Sign here after printing form Date: _____

Mailing/Faxing Information: www.corporations.utah.gov/contactus.html Division's Website: www.corporations.utah.gov