Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

SDCL 59-11-11

FILING FEE: $10

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

NS005429

Enter Business ID

CHAMBERLAIN Senior Citizens
219 N. MAIN
CHAMBERLAIN SD 57325

Enter Business Name

2. The name and address of the registered agent on file *(Old Agent Name)*: SANFORD HRABE

219 N. MAIN

Actual Street Address or Rural Route Box Number | City | State | ZIP+4

Mailing Address, if Different from Street Address | City | State | ZIP+4

3. The **NEW** South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: _____

Actual Street Address in this State | City | State | ZIP+4

Mailing Address in this State, if Different from Street Address | City | State | ZIP+4

Email Address *(Optional)*

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name | CRA#

(c) Title of the office or other position with the business: President Wilma Shaffer

219 N. MAIN | CHAMBERLAIN | SD. | 57325

Business Office's Actual Street Address in this State | City | State | ZIP+4

Mailing Address in this State, if Different from Street Address | City | State | ZIP+4

Email Address *(Optional)*

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty.

Dated 9-14-18

Email _____ *(Optional)*

Wilma Shaffer
Signature of an authorized officer

Wilma Shaffer
Printed Name

President
Title

Statementofchange Nov 2016