



15892953



STATE OF MONTANA
SECRETARY OF STATE
STATEMENT OF CHANGE OF COMMERCIAL REGISTERED
AGENT

For Office Use Only
STATE OF MONTANA
-FILED-
SECRETARY OF STATE
File Number: 15892953
Date Filed: 11/30/2023 9:05:21 AM

Filing Fee: \$0.00

Filing Fees & Processing Options	
Fees and Processing Options	Standard Processing - \$0.00 - Up to 7 - 10 business days processing
Agent Confirmation	
Name of individual or organization	FIRST STEP, LLC
Agent Number	CRA0000056
Name Change for Commercial Registered Agent:	
If the name of the entity this agent is linked to has changed, the change will be applied to your agent record by submitting this amendment.	
Entity Name	FIRST STEP, LLC
If the home jurisdiction of the entity this agent is linked to has changed, the change will be applied to your agent record by submitting this amendment.	
Home Jurisdiction	Montana
If the filing type of the entity this agent is linked to has changed, the change will be applied to your agent record by submitting this amendment.	
Filing Type	Domestic Limited Liability Company
The new physical (street) address of the agent in Montana is:	
Physical Address	FIRST STEP, LLC 415 N HIGGINS AVE STE 132 MISSOULA, MT 59802-4563
Email	assetprofile.renewals@gmail.com
Website	https://mycompanyrenewal.com/
Phone Number	() -
The new mailing address of the agent in Montana is:	
Mailing Address	FIRST STEP, LLC 415 N HIGGINS AVE STE 132 MISSOULA, MT 59802-4563
Declarations	
<input checked="" type="checkbox"/> I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.	
<input checked="" type="checkbox"/> I have been authorized to file this document online.	
<input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.	
Signature	
<i>Self</i>	<i>Guillermo D. Jalil</i>
_____ Signer's Capacity	_____ Sign Here
	<i>11/30/2023</i> Date

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Position	Manager
Daytime Contact	
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