



## CHANGE OF ADDRESS (COA)

I, \_\_\_\_\_ hereby authorize **Vitruvian II Woodford, LLC** to change the address on my account. (Please Print Name)

<b>Name on the Account:</b>	
<b>Owner Number:</b> (Lower left corner of your check detail)	
<b>SSN/Taxpayer ID:</b> (Last Four Digits)	
<b>Name, if not owner:</b> (please attach copy of Power-of-Attorney or other supporting documentation)	

### OLD ADDRESS

Street Address:					
City:		State:		Zip:	

### NEW ADDRESS

Street Address:					
City:		State:		Zip:	
Phone Number:		Email:			

**When properly executed, the COA will become effective within thirty (30) days after its receipt.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please include Title if signing for a Company)

**PLEASE FAX THIS FORM OR RETURN TO:**

Vitruvian II Woodford, LLC  
4 Waterway Square Place, Suite 400  
The Woodlands, TX 77380  
**FAX: (832) 458-3101**