

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION  
AMENDMENT TO CERTIFICATE OF INCORPORATION

PURPOSE: In order to amend a Business Corporation's Certificate of Incorporation under Section 10A-2A-10.06 of the Code of Alabama 1975, this Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the \$100.00 processing fee.

\*The request is only accepted via mail or courier and will not be accepted via email.

\*You may file the amendment online in the time it takes to type this request.

\*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

1. The current recorded name of the Corporation:

\_\_\_\_\_

2. The date the Certificate of Incorporation was filed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

3. Alabama Entity ID Number (Format:000-000-000): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **TO OBTAIN ID NUMBER,** go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

4. The titles, dates, and places of filing of any previous amendments: \_\_\_\_\_

\_\_\_\_\_

(For SOS Use Only)

This form was prepared by: (type name and full address)

**DOMESTIC BUSINESS CORPORATION AMENDMENT**

5. The following amendment was adopted on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(format MM/DD/YYYY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_Additional amendments and the dates on which they were adopted are attached.

\*Be very specific about what must be changed if you are amending existing information.

\*If the amendment includes a name change, a copy of the **Name Reservation Certificate** issued by the Office of Secretary of State **must be attached**.

\*Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent’s signature is required agreeing to accept responsibility). **Agent information will NOT be changed with an amendment.**

\*Any instrument not ascertainable by information contained within the filing instrument must be attached pursuant to 10A-2A-10.06(a)(5)(3).

**Item 6, 7, or 8 MUST be checked/completed with any appropriate attachments.**

- 6. \_\_\_\_\_ The board of directors without stockholder action approved the amendment. Stockholder action was not required.
- 7. \_\_\_\_\_ The stockholders approved the amendment. The total number of votes entitled to be cast was \_\_\_\_\_ (information is required for item a or b). Complete one of the following:
  - a. The total number of votes cast for amendment was \_\_\_\_\_ and the total number of votes cast against amendment was \_\_\_\_\_.
  - b. The total number of undisputed votes cast for amendment was \_\_\_\_\_ which was a sufficient number of votes to approve amendment.
- 8. \_\_\_\_\_ Amendment by voting groups was required; the information required in item 5 above is provided for each voting group and is attached to and made part of this Domestic Business Corporation Amendment document.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-2A-1.20

\_\_\_\_\_  
Typed name of above signature

\_\_\_\_\_  
Typed title/capacity to sign under 10A-2A-1.20

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(ex: 000-000-000)

Service Requested:  \$100.00 Amendment filing fee

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.**

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr.: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**