

STATE OF ALABAMA

**CHANGE BY CURRENT AGENT to ALTER AGENT'S NAME
And/or CHANGE REGISTERED OFFICE ADDRESS**

PURPOSE: To change a registered agent's legal name, office address, and/or mailing address by delivering to the Secretary of State for filing a Change by Current Agent to Alter Agent's Name and/or Change Registered Office Address change in accordance with 10A-1-5.33. Multiple entity identification (ID) numbers and corresponding names may be listed on one form for one fee. **This form is NOT to change the current agent on record.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616.** or you may email the filing to miscellaneous.filings@sos.alabama.gov **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** 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.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____ **TO OBTAIN ID NUMBER** Go to our website at 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.**
2. The name of the entity as registered with the Secretary of State of Alabama:

OR

_____ Multiple entities are involved in this change.
A list of the Alabama Entity ID Numbers and registered entity names is attached.

3. Registered Agent's current Name (**must be completed**): _____

CHANGE Registered Agent's Name to (cannot be a different person): _____

*Include proof of name change (license, marriage certificate, etc.)

(For SOS Use Only)

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

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**CHANGE BY AGENT OF AGENT NAME
And/or REGISTERED OFFICE ADDRESS**

4. Registered Office current Street Address (**No PO Boxes**) in Alabama (**must be completed**):

Mailing Address in Alabama (if different from Street Address):

CHANGE Registered Office Street Address (**No PO Boxes**) **in** Alabama to:

Mailing Address **in** Alabama (if different from Street Address):

The execution of this filing instrument constitutes an affirmation by each person executing the instrument that the facts therein are true, under penalties for perjury prescribed by Section 13A-10-103 or its successors.

I, the undersigned, certify that written notice of this change was given to the entity named and identified entity identification number(s) in this Change form at least 10 days before the date this Change form was filed with the Office of the Secretary of State of Alabama.

Date (MM/DD/YYYY)

Typed Name of Agent authorizing Change [10A-1-5.33]

Signature of Authority for Agent [10A-1-5.33 (b)]

Typed Name and Title of Signature for Agent [10A-1-5.33(b)]

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 or return email address, 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 (generally these fees are between 2% and 5% of the total charge).

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)

Service Requested: \$100.00 Agent/Address Change filing fee

_____ \$4.00 Copy Fee (Acknowledgement Copy if submitted by email)

If submitted by email check one: Return by _____ email _____ postal mail

Return via email (paper copy will not be sent): _____

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers 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