

STATE OF ALABAMA

FOREIGN CORPORATION (BUSINESS OR NON-PROFIT)
AMENDMENT TO REGISTRATION

PURPOSE: In order to amend the registration of a foreign entity (any entity formed outside of Alabama), the entity must deliver to the Secretary of State for filing an Amendment to Registration pursuant to Section 10A-1-7.06, Code of Alabama 1975.

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. Alabama Entity ID Number (Format: 000-000-000): 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 legal name of the foreign entity as currently registered with the Alabama Secretary of State:

3. If amending the name of the foreign entity for use in Alabama, a copy of the name reservation certificate from the Office of the Alabama Secretary of State must be attached (must be acquired prior to submitting Amendment).

4. The name of the foreign entity has been legally changed to (insert 'no change' if not applicable)

5. The name of the foreign entity for use in Alabama only if different from the legal name*:

*A fictitious name may be used only if the legal name is not available for use in Alabama or the name does not contain the words "Corporation" or "Incorporated" or the abbreviation "Inc.," "Corp"., etc. (10A-1-5.07).

(For SOS Use Only)

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

Empty box for preparer name and address.

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6. If a fictitious name is used the undersigned certifies the resolution of the Corporation's governing authority to adopt the fictitious name for use in Alabama and affirms the Authority to make such a certification under Section 10A-1-7.07.

7. The undersigned certifies that the foreign entity exists as a valid Corporation under the laws of the entity's jurisdiction of formation.

8. Change street (No PO Boxes) address of principal office to: _____

Change mailing address of principal office to (insert 'no change' if not applicable): _____

9. Change state/country of incorporation/formation to: _____

Date

Typed name **and** title of signature Below

Signature of person authorized to sign per 10A-1-4.01

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 (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