

**STATE OF ALABAMA**

**CHANGE OF REGISTERED AGENT  
OR REGISTERED OFFICE BY ENTITY**

PURPOSE: To change an entity's registered office, its registered agent, or both, by delivering to the Secretary of State for filing a statement of change in accordance with 10A-1-5.32. Use a separate form for each separate Entity Identification (ID) number.

**INSTRUCTIONS TO OBTAIN INFORMATION TO COMPLETE THIS FORM:**

You may obtain the Entity ID Number on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, type the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number (item 1 below). If you click on that number, you can view the Business Entity Details page to determine that you have located the correct entity. This verification step is strongly recommended – refunds will not be made if you use the wrong number.

**(For SOS Office Use Only)**

Mail two copies of this filing and the \$25.00\* fee to the Secretary of State, Business Services Division, PO Box 5616, Montgomery, Alabama, 36103-5616. You may pay by check, money order, or credit card. You may email to [miscellaneous filings@sos.alabama.gov](mailto:miscellaneous filings@sos.alabama.gov) or fax this filing to 334-240-3138 if you are paying with a credit card. Receipt of filings will only be acknowledge if the email method is used, we cannot search and acknowledge receipt of filings submitted via mail or fax. Your change will not be indexed if the credit card does not authorize and will be removed if the check is dishonored.

Item 3 is the information pertaining to the current registered agent and office location currently on file with the Secretary of State. Complete this for verification purposes. You may change the name of the agent, the street address of the registered office, and the mailing address of the registered office, or any one of the three (items 4, 5, and 6).

**This form must be typed or laser printed.**

1. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **The change will not be processed without this number.**
2. The name of the entity as registered with the Secretary of State of Alabama:  
\_\_\_\_\_
3. The name of the Registered Agent currently registered for this entity with the Secretary of State of Alabama: \_\_\_\_\_  
Street (**No PO Boxes**) address of the Registered Office: \_\_\_\_\_  
\_\_\_\_\_ Mailing address of Registered Office (if different from street address): \_\_\_\_\_

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4. Change the name of the Registered Agent (must be located in Alabama) for this entity to:

\_\_\_\_\_
The new registered agent must sign the consent to appointment on page two prior to filing.

5. Change the street (**No PO Boxes**) address in Alabama of the Registered Office to: \_\_\_\_\_

\_\_\_\_\_

6. Change the mailing address of the Registered Office (if different from street address) to: \_\_\_\_\_

\_\_\_\_\_

7. The entity certifies that the street address of the registered office and the street address of the registered agent's business are the same.

I, the undersigned, certify that any change specified in this document is authorized by the entity.

\_\_\_\_\_
Date

\_\_\_\_\_
Typed Name and Title of Signature for Entity Below

\_\_\_\_\_
Signature of Person Authorized to Sign per 10A-1-4.01, Alabama Code

I, the undersigned, consent to appointment as registered agent for \_\_\_\_\_
\_\_\_\_\_ (entity name in blank).
Date \_\_\_\_\_
Typed Name of Agent Signature Below \_\_\_\_\_
Signature of Registered Agent \_\_\_\_\_

Expedited processing\* is requested and the fee is included. Please fax the copy of the filed change to (10-digit fax number): \_\_\_\_\_ or email to: \_\_\_\_\_

\*Acknowledgment Copy: If you would like an acknowledgement copy of the filed document include a copy with your original filing (or if faxing or emailing we can charge you \$3.00 for copies – check the box) along with a self-addressed envelope. All copies are mailed standard USPS unless envelopes with special postage or overnight courier envelopes are included with the request. Any overnight courier envelopes must have a completed airbill with the billing information completed and clearly marked "bill recipient." We do not return acknowledgement copies via fax or email unless expedited processing is requested (the fee is an additional \$100.00 for processing within three business days after receipt of the filing).

**If you wish to pay the Office of the Secretary of State fees by credit card:**

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

Service Requested: \_\_\_\_\_ \$25.00 filing Change of Agent/Office  
\_\_\_\_\_ \$3.00 acknowledgement copy (if filing faxed or emailed and copy desired)  
\_\_\_\_\_ \$100.00 Expedited Processing fee \*

Card Number: \_\_\_\_\_

Expiration Mo/Yr: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

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

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

\_\_\_\_\_

City

State

Zip

Signature of Card Holder: \_\_\_\_\_  
MUST be Signature of Card Holder

\*Expedited Processing is available at the Secretary of State's (SOS) Office for an additional \$100.00 fee. The SOS Office will process a filing within twenty-four (24) hours of receipt.