#### STATE OF ALABAMA

# CHANGE BY AGENT OF AGENT NAME And/or 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 Agent of Agent Name or 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.

#### INSTRUCTIONS TO OBTAIN INFORMATION TO

**COMPLETE THIS FORM:** You may obtain the Entity ID Number on our website at <a href="www.sos.alabama.gov">www.sos.alabama.gov</a> Click on Business Services, Scroll down to Business Entity Search, and Click on Entity Name, type the registered name of the entity in the appropriate box, and enter.

(For SOS Office Use Only)

The six (6) digit number containing a dash to the left of the name is the entity ID number (item 1below). 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.

Mail two copies (if you want a stamped copy for your records) 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 your filing to: <a href="miscellaneous.filings@sos.alabama.gov">miscellaneous.filings@sos.alabama.gov</a> if you are paying with a credit card. The Change 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). If you desire a stamped copy returned to you, supply a copy and a preaddressed postage paid return envelope. All instructions are complete in this form.

## 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.
	The name of the entity as registered with the Secretary of State of Alabama:
	<u>OR</u>
	Multiple entities are involved in this change. A list of the Alabama Entity ID Numbers and registered entity names is attached.
2.	Registered Agent's current Name (must be completed):
	CHANGE Registered Agent's Name to:

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3.	Registered Office current Street Address ( <u>No PO Boxes</u> ) in Alabama (must be completed):						
	Mailing Address in Alabama (if different from Street Address):						
	CHANGE Registered Office current Street Address ( <u>No PO Boxes</u> ) <u>in</u> Alabama to:						
	Mailing Address in Alabama (if different from Street Address):						
ide	that the facts therein are t successors.  he undersigned, certify that wr	instrument constitutes an affirmation by each person executing the instrument crue, under penalties for perjury prescribed by Section 13A-10-103 or its ritten notice of this change was given to the entity named and identified entity Change form at least 10 days before the date this Change form was filed with the 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)]					
Ex	pedited processing is requested a	nd the fee is included. Please email a copy of the filed change to the following					
Em	nail:						

<u>Secretary of State Payment Option Sheet:</u> If you do not send an acknowledgement copy and a preaddressed postage paid envelope with the filling, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you are expediting and opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request — will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee and expedite fee but no convenience fees which will be charged (generally these fees are between 2% and 5% of the total charge.)

### Information MUST be typed or laser printed on a computer.

Entity Name:						
Service Requested:	X\$25.00	0 Agent/Address Change fil	ling fee			
		Copy Fee (Acknowledgem desired) Sent by standard 1	1.0	mail and		
	\$100.	.00 Expedited Processing fe	ee (includes email copy)*			
Hold at Front Desk fo	or Pick-up for:	run couriers for pick-up – we	do not have a call for nick-ur			
				, service)		
(ON:	LY for expedite	d filings) 1-email No pap	er copy will be mailed			
·		nake one check payable for t service) to the Alabama Sec		; (i.e., \$125. if		
Charge fees	to prepaid acco	unt: Account Number				
and Account Name_						
Typed Name	Typed Name & Signature of Authorized Individual on Account					
Credit Card	Type:	(Visa, N	AC, Discover & AmEx)			
Card Number	r:	Expirati	on Mo/Yr:/	(MM/YY)		
Card Holder	Name:					
Complete Bi	lling Address:					
20mp100 2m	g	Street or PO				
City		State	Zip			
G	G 111.11					
Signature of	Card Holder:	) gram t				