

**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 [www.sos.alabama.gov](http://www.sos.alabama.gov) 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.

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.

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: [miscellaneous.filings@sos.alabama.gov](mailto:miscellaneous.filings@sos.alabama.gov) 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 pre-addressed postage paid return envelope.** All instructions are complete in this form.



**(For SOS Office Use Only)**

**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:

\_\_\_\_\_

OR

\_\_\_\_\_ 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 (**No PO Boxes**) in Alabama (**must be completed**):

\_\_\_\_\_

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

\_\_\_\_\_

**CHANGE** Registered Office current 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)]

Expedited processing is requested and the fee is included. Please email a copy of the filed change to the following

Email: \_\_\_\_\_

