

**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) Click on Business Services (below the picture) then Click on Business Entity Search, 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 your filing to [miscellaneous.filings@sos.alabama.gov](mailto:miscellaneous.filings@sos.alabama.gov) if you are paying with a credit card. Your change will not be indexed if the credit card does not authorize and will be removed if the check is dishonored (\$30 fee).

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 and located in Alabama.

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 (Individual or Entity)
	_____ Signature of /for Registered Agent
	_____ Typed Name <b>and</b> Title of Signature for Entity

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

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

**Secretary of State Payment Option Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, 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:     \$25.00 Agent/Address Change filing fee  
                                   \$4.00 Copy Fee (Acknowledgement Copy if submitted by email and Copy desired) Sent by standard mail.  
                                   \$100.00 Expedited Processing fee (includes email copy)\*

Hold at Front Desk for Pick-up for: \_\_\_\_\_  
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

\*Email filing to: \_\_\_\_\_  
**(ONLY for expedited filings) 1-email No paper copy will be mailed**

\_\_\_\_\_ **Check is attached** - Please make one check payable for the total amount of the fees (i.e., \$125. if you are requesting expedited service) to the Alabama Secretary of State.

\_\_\_\_\_ **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

\_\_\_\_\_  
City State Zip

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