

STATE OF ALABAMA

**FOREIGN ENTITY AMENDMENT TO REGISTRATION:
CERTIFICATE/STATEMENT OF MERGER**

PURPOSE: In order to change the registration of a foreign entity (any entity formed outside of Alabama) to reflect a merger with another foreign entity, the entity must deliver to the Secretary of State for filing this form. Pursuant to Section 10A, Chapter 1, Articles 7 and 8. Code of Alabama 1975.

INSTRUCTIONS: Mail a signed original of this completed Amendment to Registration and the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or you may email your application to foreign.entities@sos.alabama.gov. If you are sending this filing via email you may complete the email return on the payment form and receive a copy by return email. The Amendment will not be filed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee). **If you desire a stamped copy of the filing for your records, you must include an additional copy and a prepaid preaddressed envelope.**



(For SOS Office Use Only)

The information completing this form must be typed.

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: If you do not have this number immediately available (it is on the face of your original registration filing), you may obtain it on our website at www.sos.alabama.gov Business Services (below picture), Business Entity Search, Search by Entity Name, The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

1. Information on the **merging entity** (this is the entity which will cease to exist):

Is the entity currently registered to do business in Alabama: _____ Yes _____ No

If yes, the Entity ID number issued by Alabama: _____ - _____ (Format 000-000)

Merging entity’s state/country of formation: _____ Date: _____ / _____ / _____

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):

____ **Additional merging entities attached** – must provide same information as above.

2. Information on the **surviving entity** (this is the entity which will continue to exist):

Is the entity currently registered to do business in Alabama: _____ Yes _____ No

If yes, the Entity ID number issued by Alabama: _____ - _____ (Format 000-000)

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):

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, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

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)

Service Requested: \$100.00 Foreign Amendment/Merger filing fee
 \$100.00 Expedited Processing fee

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

Return via email (only one email): _____
No paper copy will be sent if email is provided.

_____ **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