

STATE OF ALABAMA

DOMESTIC STATEMENT OF CORRECTION

PURPOSE: This Statement is to be used to correct an “incorrect” statement in a Domestic filing pursuant to 10A-1-4.23, Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with 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**. Your filing 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).

This form must be typed.

1. The name of the entity from the filed Certificate:

2. Alabama Entity ID Number (Format: 000-000): _____ - _____ TO OBTAIN ID NUMBER Go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

3. Specify the filing instrument to be corrected and the date of filing with the Secretary of State.

4. Specify the incorrect information and the reason it is incorrect or the manner in which the signing was defective (specify attachment if necessary): _____

This form was prepared by: (type name and full address)

(For SOS Office Use Only)

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5. Correct the incorrect information or defective signature (specify attachment if necessary):

Date (MM/DD/YYYY)

Typed Name/Title of Authorized Person

Signature of Person Authorized to sign

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 receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (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 Correction filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ 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