

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 ID number.

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**. or you may email the filing to miscellaneous.filings@sos.alabama.gov **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

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.

1. 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.**

2. The name of the entity as registered with the Secretary of State of Alabama:

3. The name of the Registered Agent currently registered 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): _____

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

(For SOS Use Only)

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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 in consent box 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 (MM/DD/YYYY)

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 (MM/DD/YYYY)

Typed Name of Agent (Individual or Entity)

Signature of /for Registered Agent

Typed Name **and** Title of Signature for Entity

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 or return email address, 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 Agent/Address Change filing fee

\$4.00 Copy Fee (Acknowledgement Copy if submitted by email)

If submitted by email check one: Return by email postal mail

Return via email (paper copy will not be sent): _____

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 BOX

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder