

STATE OF ALABAMA

**FOREIGN CONVERSION FILING:
AMENDMENT OF FOREIGN ENTITY FILING TYPE**

PURPOSE: In order to change the registration of a foreign entity (any entity formed outside of Alabama) to reflect a conversion or change of entity filing type, the entity must deliver the documentation in this form to the Alabama Secretary of State for filing pursuant to Section 10A, Chapter 1, Article 7, Code of Alabama 1975. THE FILING SHOULD BE FILED AS SOON AS POSSIBLE BUT NOT LATER THAN 90 DAYS AFTER THE CHANGE (10A-1-7.06).

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 foreign.entities@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.

This form must be typed.

1. Information on the **converting entity** [entity has become the converted entity named in item 2]:

The name of the converting entity as currently registered with the Alabama Secretary of State:

Legal Name of Foreign entity if entity is authorized in Alabama under a fictitious name:

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.**

Jurisdiction of formation/authority: _____

Date of Formation in jurisdiction of formation/authority: ____ / ____ / ____ (MM/DD/YYYY)

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

(For SOS Use Only)

FOREIGN CONVERSION FILING: AMENDMENT OF FOREIGN ENTITY FILING TYPE

2. Information on the converted (formed/created by conversion) – this entity will continue registration under the existing AL Entity ID Number:

The legal name of the new entity resulting from this conversion (A foreign name registration from the Alabama Secretary of State is required if the name is being changed more than the entity identifier – Inc, LLC, LP, LLP, etc.). **The entity identifier must change.** If only the entity identifier is changing no name reservation is required:

Fictitious name in Alabama if that is still required (a fictitious name may only be used if the legal name is not available or if adding an entity identifier required by 10A-1-5 to the end of the legal name):

Jurisdiction of formation/authority: _____
State/country should change only if the entity has changed jurisdictions during the conversion process.

3. Type of entity formed/created by conversion:

| | |
|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Professional Corporation (PC) | <input type="checkbox"/> Professional Limited Liability Partnership (PLLLP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) |
| <input type="checkbox"/> Series Limited Liability Company (SLLC) | <input type="checkbox"/> Employee Cooperative Corporation |
| <input type="checkbox"/> Professional Limited Liability Company (PLLC) | <input type="checkbox"/> Real Estate Investment Trust |

4. Street (**No PO Boxes**) Address of principal office: _____

Mailing Address (if different) _____

5. Name of registered agent for service of process (**MUST** be physically located in Alabama and organizations must have AL Entity ID Number):

Individual: _____ **OR**

Organization/Entity: _____ # _____ - _____

6. Street (**No PO Boxes**) Address of initial registered office in Alabama (**MUST** be physically located in Alabama and the Registered Agent must maintain a business office at the address):

Mailing Address of registered office in Alabama (if different) _____

FOREIGN CONVERSION FILING: AMENDMENT OF FOREIGN ENTITY FILING TYPE

Additional Documentation Requirements/Certifications/Signatures

7. _____ The undersigned certifies that the Conversion was certified by the jurisdiction of formation/authority showing that the conversion was effectuated prior to the file/effective date of this filing.
8. **Limited Partnerships or Limited Liability Limited Partnerships:** If the converted entity is a LP or LLLP the name, street, and mailing addresses of each of the general partners must be listed and attached.
9. **Professional Services Entity:** If the converted entity is designated a professional services entity a copy of the Alabama license for the designated member/director/partner must be attached.
10. The undersigned certifies familiarity with grounds for revocation of a foreign entity under 10A-1-7.12. The Secretary of State may commence a proceeding under Section 10A-1-7.13 to revoke the registration of a foreign entity authorized to transact business in this state if for reasons of: non-payment of annual fees or filing of annual reports, if required for the entity type; non-payment of taxes, interest or penalties; failure to maintain a registered agent in the State of Alabama or failure to notify the Secretary of State of a change of registered agent within 60 days of a change; false information intentionally filed; or certification by the jurisdiction of origin that the entity no longer exist in that jurisdiction.
11. The undersigned certifies that the conversion is permitted by the law of the state or country under whose law the converting foreign entity was formed and the converting foreign entity has complied with that law in effecting this conversion.
12. The application for amendment must be filed promptly on the discovery that any statement in the application for registration or statement of foreign limited liability partnership, as applicable, was false when made, but not later than 60 days after the discovery. 10A-1-7.06(c).

Date (MM/DD/YYYY)

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

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 Conversion filing fee

_____ \$2.00 Per Page 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