

STATE OF ALABAMA

**CHANGE BY CURRENT AGENT to ALTER AGENT'S NAME
and/or CHANGE REGISTERED OFFICE ADDRESS**

PURPOSE: To change a registered agent's legal name, office address, and/or mailing address by delivering to the Secretary of State for filing a Change by Current Agent to Alter Agent's Name and/or Change Registered Office Address form in accordance with 10A-1-5.33. Multiple entity identification (ID) numbers and corresponding names may be listed on one form for one fee. **This form is NOT to change the current agent on record.**

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*You may email the filing to miscellaneous.filings@sos.alabama.gov

*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 or the request will be rejected without review.

1. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **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:

OR

_____ Multiple entities are involved in this change.

A list of the Alabama Entity ID Numbers and registered entity names must be attached.

3. Registered Agent's current name **(must be completed)**: _____

CHANGE Registered Agent's name to (cannot be a different person): _____

*Include proof of name change (license, marriage certificate, etc.)

(For SOS Use Only)

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

**CHANGE BY AGENT OF AGENT NAME
and/or REGISTERED OFFICE ADDRESS**

4. Registered office's current street address (No PO Boxes) in Alabama **(must be completed)**:

Mailing address in Alabama (if different from Street Address):

CHANGE Registered office street address (No PO Boxes) in Alabama to:

Mailing address in Alabama (if different from street address):

The execution of this filing instrument constitutes an affirmation by each person executing the instrument that the facts therein are true, under penalties for perjury prescribed by Section 13A-10-103 or its successors.

I, the undersigned, certify that written notice of this change was given to the entity named and identified entity identification number(s) in this change form at least 10 days before the date this change form was filed with the Office of the Secretary of State of Alabama.

Date (MM/DD/YYYY)

Typed name of agent authorizing change [10A-1-5.33]

Signature of authorized agent [10A-1-5.33 (b)]

Typed name and title of authorized agent [10A-1-5.33(b)]

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 (these fees are 3% of the total charge plus \$2.00).

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: 000-000-000)

Service Requested: \$100.00 Agent/Address Change filing fee

Return via email: _____

Hold at Front Desk for pick-up by: _____

There is no notification service/call 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