STATE OF ALABAMA

INSTRUCTION PAGE FOR
DOMESTIC AND FOREIGN ENTITIES
CERTIFICATE OF CORRECTION

INSTRUCTION PAGE ONLY. DO NOT SEND WITH FILING INSTRUMENT.

PURPOSE: A filing instrument that has been filed by a filing officer that is an inaccurate record of the event or transaction evidenced in the instrument, that contains an inaccurate or erroneous statement, or that was defectively or erroneously signed, sealed, acknowledged, or verified, may be corrected in accordance with the provisions of Section 10A-1-4.21 of the *Code of Alabama 1975* (the "Code") by delivering a Certificate of Correction to the Office of the Secretary of State for filing, along with the appropriate filing fees. The information required in this form is required by Title 10A of the Code.

*An entity may not change its name with a Certificate of Correction. A name change requires a new Name Reservation Certificate and an amendment to the formation document of a domestic entity or the application for registration of a foreign entity.

*Mail two (2) copies of the completed filing instrument, along with the attachments, if any, along with a self-addressed, stamped envelope to the Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616.

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

*The filing instrument will not be filed without payment of the filing fee. If the payment is not made, or is subsequently dishonored, revoked or refused, the filing instrument will be null and void and of no legal effect as if it had never been filed, and will be removed from the records of the Secretary of State. If the payment is dishonored, revoked or refused, the person filing the filing instrument will be assessed a $30 fee.

*If you check the second option in item 6 in the form to include attachments, and/or if additional persons are required to sign the form and all of the attachments are not included, the filing instrument will be rejected, will not be filed, and will be returned in accordance with Section 10A-1-4.02(f) of the Code.

*If you check that additional persons are required to sign the form and all of the attachments are not included, the filing instrument will be rejected, will not be filed, and will be returned in accordance with Section 10A-1-4.02(f) of the Code.

TO FIND THE ENTITY ID NUMBER: Go to our website, www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, type the name of the entity in the appropriate box, and press enter. Click on the number and verify this is the correct entity.

The filing instrument MUST BE TYPED, in the English language, and will not be accepted via email. Only the numbered paragraphs, any attachments thereto and the signature block are part of the filing instrument. The instructions and the Secretary of State Credit Card or Prepaid Payment Option/Return/ Hold Sheet are not part of the filing instrument.

STATE OF ALABAMA

CERTIFICATE OF CORRECTION

1. The name of the entity: _____

2. The Alabama Entity ID Number (Format: 000-000-000): _____-_____-_____

3. Describe the filing instrument to be corrected: _____

   _____

4. The date the filing instrument to be corrected was filed by the filing officer: _____/_____ /_____(MM/DD/YYYY)

5. Identify the inaccuracy, error or defect to be corrected: _____

   _____

   _____

6. (Choose **only one** of the following:)

   ☐ The corrected form of the portion of the filing instrument to be corrected:

   _____

   _____

   ☐ The corrected form of the filing instrument to be corrected is attached (if this item is checked there must be one or more attachments included with the filing).

The undersigned hereby affirms that the facts herein are true, under penalties for perjury prescribed by Section 13A-10-103 or its successor and executes(s) this Certificate of Correction.

_____ Date (MM/DD/YYYY)

_____ Signature as required by Section 10A-1-4.21

_____ Type name of above signatory

___Check only if additional persons are required to sign (if this item is checked there must be one or more attachments with the filing).

_____ If signatory is an entity, type name and title of person signing on behalf of entity

(For SOS Office Use Only)

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

STATE OF ALABAMA - DOMESTIC/FOREIGN ENTITY
CERTIFICATE OF CORRECTION

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

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: **X** $100.00 Certificate of Correction filing fee

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 _____

_____
Type 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