Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: $10 Make check payable to SECRETARY OF STATE

FILE DATE _____

RECEIPT NO _____

Clear Form

HELP

Telephone # _____

FAX # _____

1. Corporate ID and Name:

Search for Corporate ID, Name and Agent

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

5. If the address has changed, its new address

_____
Street Address or Rural Route Box Number in This State and City State ZIP+4

_____
Mailing Address in This State, if Different from Street Address City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)