

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

## COMMERCIAL REGISTERED AGENT CHANGE OF NAME OR ADDRESS

Please Type or Print Clearly in Ink  
Please submit one **Original** and one **Photocopy**  
**FILING FEE: \$10 per Entity Represented**  
Payable to **SECRETARY OF STATE**

RECEIPT NO _____
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The Commercial Registered Agent (CRA) identified below submits to the Secretary of State the following change of name or address.

1. The Commercial Registered Agent CRA# \_\_\_\_\_

2. The current CRA name \_\_\_\_\_

The new CRA name \_\_\_\_\_

3. The current address on file

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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The new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. The jurisdiction of organization \_\_\_\_\_

The new jurisdiction \_\_\_\_\_

5. The type of organization \_\_\_\_\_

New type of organization \_\_\_\_\_

The statement of change shall be signed by or on behalf of the commercial agent.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.**