

STATEMENT OF CHANGE OR REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

FILING FEE: \$10

Make check payable to **SECRETARY OF STATE**

FILE DATE _____

RECEIPT NO _____

1. Corporate ID and Name:

Enter Corporate ID

Enter Corporate Name

Telephone # _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New 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 (**Old Registered Agent Address**)

Actual Street Address or Rural Route Box Number (Required) City State ZIP+4

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

5. If the address has changed, list the new registered agent address

Actual Street Address or Rural Route Box Number in this State City State ZIP+4

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Optional)

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.