

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY  
FOREIGN BUSINESS CORPORATION**  
SDCL 47-1A-1504

**FILING FEE: \$250**  
Make check payable to SECRETARY OF STATE

**FILING INSTRUCTIONS:** A foreign corporation authorized to transact business in this state must obtain an amended certificate of authority if it changes 1) Its corporate name; 2) The period of its duration; or 3) The state or country of its incorporation, or any information concerning its registered agent.

Application must be accompanied by a one page **Original Certificate of Existence** issued by the Secretary of State or other official having custody of the corporate records in the state or other jurisdiction under whose law it is incorporated.

1. The Name and Business ID of the corporation is:

\_\_\_\_\_  
Name (Note: This must be the exact corporate name as registered.) Business ID

2. The amended corporate name is:

\_\_\_\_\_  
Note: The name must include the term corporation, incorporated, company, limited or the applicable abbreviation.

3. The name of the state or other jurisdiction under whose laws it is incorporated: \_\_\_\_\_

4. The date of its incorporation: \_\_\_\_\_

5. The period of its duration: \_\_\_\_\_

6. The address of the principal executive office (business address).

\_\_\_\_\_  
Actual Street Address City State ZIP+4

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

\_\_\_\_\_  
Email Address (Optional)

7. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

**(a)** The South Dakota Noncommercial Registered Agent's name \_\_\_\_\_

\_\_\_\_\_  
Actual Street Address in this State City State ZIP+4

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

\_\_\_\_\_  
Email Address (Optional)

**(b)** When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

|                                  |      |
|----------------------------------|------|
| Commercial Registered Agent Name | CRA# |
|----------------------------------|------|

**(c)** Title of the office or other position with the corporation \_\_\_\_\_

|   |      |       |       |
|---|------|-------|-------|
| Business Office's Actual Street Address in this State | City | State | ZIP+4 |
|---|------|-------|-------|

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

\_\_\_\_\_  
Email Address (Optional)

8. The names and usual business addresses of its principal officers and directors. Place a check mark next to the name if the principal officer serves as a director.

|                |                |      |       |       |
|----------------|----------------|------|-------|-------|
| President      | Street Address | City | State | ZIP+4 |
| Vice President | Street Address | City | State | ZIP+4 |
| Secretary      | Street Address | City | State | ZIP+4 |
| Treasurer      | Street Address | City | State | ZIP+4 |
| Director       | Street Address | City | State | ZIP+4 |
| Director       | Street Address | City | State | ZIP+4 |
| Director       | Street Address | City | State | ZIP+4 |

The application must be signed by an authorized officer of the corporation.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title