

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

COMMERCIAL REGISTERED AGENT CHANGE OF NAME OR ADDRESS

Please Type or Print Clearly in Ink

FILING FEE: \$10 per Entity Represented

Payable to SECRETARY OF STATE

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)

Email _____

(Printed Name)

(Title)