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

STATEMENT OF CHANGE
OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
LIMITED LIABILITY COMPANY

SDCL 59-11-11

FILING FEE: $25

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Enter Business ID

Enter Business Name

2. The name and address of the registered agent on file (*Old Agent Name*): _____

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

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

3. The **NEW** 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) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(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#

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized officer

Email _____
(Optional)

Printed Name

Title