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

SDCL 59-11-11

FILING FEE: \$25

Make check payable to SECRETARY OF STATE

Business ID and Name:			
Enter Business ID			
Enter Business Name			
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
The NEW South Dakota Registered Agent's name			
South Dakata low parmits the registered agent to	be either: A) a noncommerc		
		e only one below, eit	her (a) or (b) o
individual), B) a commercial registered agent, or C) an office holder. Complet	-	
individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered) an office holder. Complet	-	
individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State) an office holder. Complet Agent's name:		
individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State Mailing Address in this State, if Different from Street Address) an office holder. Complet Agent's name: City	State	ZIP+4
individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State Mailing Address in this State, if Different from Street Address Email Address <i>(Optional)</i>) an office holder. Complet Agent's name: City City	State	ZIP+4 ZIP+4
 individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State Mailing Address in this State, if Different from Street Address Email Address (<i>Optional</i>) (b) When listing a Commercial Registered Agent, Commercial Registered Agent.) an office holder. Complet Agent's name: City City	State	ZIP+4 ZIP+4
 individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State Mailing Address in this State, if Different from Street Address Email Address (<i>Optional</i>) (b) When listing a Commercial Registered Agent, Commercial Registered Agent.) an office holder. Complet Agent's name: City City please state their CRA#. Thi	State State is number can be obta	ZIP+4 ZIP+4
 South Dakota law permits the registered agent to I individual), B) a commercial registered agent, or C (a) The South Dakota Noncommercial Registered Actual Street Address in this State Mailing Address in this State, if Different from Street Address Email Address (Optional) (b) When listing a Commercial Registered Agent, Commercial Registered Agent Agent. Commercial Registered Agent Name (c) Title of the office or other position with the bus Business Office's Actual Street Address in this State) an office holder. Complet Agent's name: City City please state their CRA#. Thi	State State is number can be obta	ZIP+4 ZIP+4

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.

Dated _____

Email

(Optional)

Signature of an authorized officer

Printed Name

Title