



KANSAS SECRETARY OF STATE
**Change of Resident Agent Name
 and/or Registered Office Address by
 Resident Agent**
 Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
 120 S.W. 10th Avenue kssos@sos.ks.gov
 Topeka, KS 66612-1594 www.sos.ks.gov

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

| | |
|--|--|
| <input type="checkbox"/> Filing fee | Submit this form with the \$35 filing fee for for-profit entities, \$20 filing fee for not-for-profit entities, or if this is a change to multiple entities, submit an attachment with the entity names, business entity ID numbers and their states of organization, and enclose a \$150 fee. |
| <input type="checkbox"/> Payment | Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks. |
| <input type="checkbox"/> Resident agent | This form is only for a change in name or address of a resident agent - the resident agent must remain the same person. |
| <input type="checkbox"/> Address change | This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov . |



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THIS SPACE FOR OFFICE USE ONLY.

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1. I, , the resident agent for the entity(ies) listed below, do hereby certify that I have changed my name and/or the registered office address in the state of Kansas for the following business entity(ies):

2. **Business entity ID number:**
 Not Federal Employer ID Number (FEIN).

3. **Business entity name:**
 Must match name on record with Secretary of State.

4. **State/Country of organization:**

5. **Current resident agent name and registered office address**
 Must be a street address. A P.O. box is unacceptable

| | | | |
|------|--------------------|-----|--|
| Name | Street Address | | |
| City | State KS | Zip | |

6. **New resident agent name and registered office address**
 Must be a street address. A P.O. box is unacceptable

| | | | |
|------|--------------------|-----|--|
| Name | Street Address | | |
| City | State KS | Zip | |

7. **Effective date**

Upon filing Future effective date

| | | |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

8. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Officer

X

Name of Signer (Printed or Typed)

| | | |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|