



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Instructions for Registered Agent Acceptance or Statement of Change

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

- 1. ENTITY INFORMATION:** Enter the current name of the entity the Registered Agent is representing exactly as or to be filed with the Nevada Secretary of State; Enter the Entity Number or Nevada Business Identification Number (NVID) (this is for entities already on record).

- 2. REGISTERED AGENT ACCEPTANCE:** By checking the box in this section the Registered Agent is accepting the appointment for a newly formed entities. It may also be used for a reinstating, a reviving or an amending entity.

- 3. INFORMATION BEING CHANGED:** Indicate what type of change taking effect, by selecting one box.

- 4. REGISTERED AGENT INFORMATION BEFORE CHANGE:** Non-Commercial Registered Agents only, must complete the prior registered agent information on record. This filing is not to change to a separate registered agent but to update information due to a name change or change of address.

- 5. NEWLY APPOINTED REGISTERED AGENT OR REGISTERED AGENT INFORMATION AFTER CHANGE:** Indicate the type of Registered Agent by selecting one box and completing the name and address(es) in the fields as instructed on the form.

- 6. ELECTRONIC NOTIFICATION:** This section is optional for Non-Commercial or "Office or Position with Entity" registered agents only. Provide an email address if you wish to receive electronic notifications in lieu of notification via postal service.

- 7. CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT:** By signing, the registered agent listed is agreeing to accept appointment of registered agent. Must have the signature of the registered agent or person on behalf of registered agent entity.

- 8. SIGNATURE OF REPRESENTED ENTITY:** Must have the authorized signature of the entity the registered agent is representing.

Filing maybe submitted Online at www.nvsilverflume.gov, or to the Office of the Secretary of State, by mail to the following addresses:

Carson City – Main Office
Regular and Expedited Filings

Mail:
 Secretary of State
 Commercial Recordings Division
 202 North Carson Street
 Carson City NV 89701-4201

Phone: 775-684-5708
Fax: 775-684-5725

General Inquires: sosmail@sos.nv.gov

Las Vegas – Satellite Office
Expedited Filings Only

Mail:
 Secretary of State
 North Las Vegas City Hall
 2250 Las Vegas Blvd. North, Suite 400
 North Las Vegas, NV 89030

Phone: 702-486-2880
Fax: 702-486-2888

General Inquires: soslvmail@sos.nv.gov



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of represented entity: <input style="width: 90%;" type="text"/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input style="width: 20%;" type="text"/>
2. Registered Agent Acceptance:	<input type="checkbox"/> Registered Agent Acceptance
3. Information Being Changed:	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)	<input style="width: 90%;" type="text"/> Name of Registered Agent OR Title of Office or Position with Entity <input style="width: 30%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> Street Address City Zip Code <input style="width: 30%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> Mailing Address (if different from street address) City Zip Code
5. Newly Appointed Registered Agent or Registered Agent Information After the Change:	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input style="width: 90%;" type="text"/> Name of Registered Agent OR Title of Office or Position within Entity <input style="width: 30%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> Street Address City Zip Code <input style="width: 30%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> Mailing Address (if different from street address) City Zip Code
6. Electronic Notification: (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input style="width: 90%;" type="text"/>
7. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <input style="width: 100px;" type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
8. Signature of Represented Entity: (Required)	X _____ <input style="width: 100px;" type="text"/> Authorized Signature On Behalf of the Entity Date

FEE: \$60.00

This form must be accompanied by appropriate fees.



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- Regular
 24-HOUR Expedite
 4-HOUR Expedite (Apostille only)
 2-HOUR Expedite
 1-HOUR Expedite
 Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ **Card Type:** VISA MasterCard Amex Discover

Authorized Amount Not to Exceed: _____

By signing this form, I authorize a one time payment not to exceed the amount listed above to be charged to my credit card and to be paid to the State of Nevada. I certify that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ **Date:** _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date:mm/yy _____</p> <p>3. Security Code:* _____</p> <p style="font-size: small;">*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.</p>	<p style="text-align: center;">All 3 fields MUST be completed!</p> <p style="text-align: center;">This section will be destroyed after the payment is processed.</p>