COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization on page 3)



For Office Use Only					
ID Number:					
WO Number:					
Filed:	Ву:				

ONLY complete this form and send payment if:Appointing an alternate registered agent (commercial or noncommercial);Reflecting a name change of a noncommercial registered agent; orReflecting an address change of a noncommercial registered agent.

1. FILING FEE: \$10.00

NO FEE: To change the address resulting from a postal reassignment, rezoning, or 911 address implementation.

TYPE OR PRINT LEGIBLY

SEE INSTRUCTIONS ON DACES 2 AND 2

THE OR PRINT LEGIDLY							
For reference, see North Dakota Century Code Chapter 10-01.	1.						
2. Name of organization changing registered agent/office: (cooperative association, corporation, limited liability company, limited partnership, limited liability limited partnership, or real estate investment trust) 3. Federal ID number							
4A. Name of <u>commercial</u> registered agent in <u>North Dakota</u>	OR	4B. Name of <u>noncommercial</u> registername of current noncommercial registername of current noncommercial registername.					
4C. Consent of the newly appointed registered agent has been	obtained:						
Yes No (Naming a party as registered agent without prior consent may result in involuntary termination or revocation of the organization. See instructions.)							
5A. New address of <u>noncommercial</u> registered agent name in n agent's physical address in <u>North Dakota</u> .) If applicable for mai							
Physical address		PO box					
City		State	ZIP code				
5B. Change of address is result of: (check one)							
Appointment of a new commercial or noncommercial registered agent							
New location for current noncommercial registered agen	•						
Postal reassignment, rezoning, or implementation of 911							
5C. Is the address in number 5A the same address as the principal place of business for the organization named in number 2? Yes No							
6. If a new commercial registered agent or a new noncommercial registered agent has been named in number 4A or 4B, an officer, manager, or other individual authorized by the organization named in number 2 may sign this statement. If only the address of the current noncommercial registered agent is changing or the noncommercial registered agent has changed its name, then the noncommercial registered agent may sign the statement. "As required by state law, I certify that: The new commercial registered agent or new noncommercial registered agent named in number 4A or 4B, if applicable, was appointed by a resolution as required by state law, and was adopted by the governing structure of the organization named in number 2; Consent has been obtained from the newly appointed commercial or noncommercial registered agent; The new address in number 5A, if applicable, for the current or newly appointed noncommercial registered agent is the same address where the noncommercial registered agent can be located during normal business hours; The undersigned has read the foregoing statements, knows the contents thereof and believes the same to be true; The undersigned is authorized to sign the statement; and The Secretary of State is authorized to correct numbers 2, 4A, 4B, and 5A if not correctly reflected, and I understand that if I make a false statement in the document, I may be subject to criminal penalties."							
Signature			Date				
Signature			Date				
7. Name of person to contact about this document	Email address		Daytime telephone number				

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INSTRUCTIONS FOR COMMERCIAL OR NONCOMMERCIAL REGISTERED AGENT/OFFICE STATEMENT OF CHANGE

The following organizations must continuously maintain a commercial or noncommercial registered agent on file with the Secretary of State:

Domestic and foreign business, cooperative, nonprofit, and professional corporationsFarm corporationsFarm limited liability companies Domestic and foreign limited liability companies and nonprofit limited liability companies Domestic and foreign limited partnershipsDomestic and foreign limited liability limited partnershipsDomestic and foreign limited liability partnershipsReal estate investment trusts

The Registered Agent/Office Statement of Change must be promptly filed upon the event of any of the following:

Organization changes its commercial or noncommercial registered agent, Commercial or noncommercial registered agent resigns, Noncommercial registered agent changes its name, Commercial or noncommercial registered agent relocates outside of North Dakota,

Noncommercial registered agent has changed its address, or Address of a noncommercial registered agent has been changed as a result of rezoning or postal reassignment.

The Commercial or Noncommercial Registered Agent/Office Statement of Change need not be filed to report an addition or change of a post office box number. That change can be reported to the Secretary of State with any filing of the organization or by contacting the Secretary of State by phone or in writing to the address at the bottom of page 3.

ONLY complete this form and send payment if:Appointing an alternate registered agent (commercial or noncommercial);Reflecting a name change of a noncommercial registered agent; or Reflecting an address change of a noncommercial registered agent.

A commercial registered agent must be registered as a commercial registered agent with the North Dakota Secretary of State. The appointed agent can verify its status as a commercial registered agent from its acknowledged filing and from the list of commercial registered agents maintained on the Secretary of State's website at sos.nd.qov.

A noncommercial registered agent may be one of the following:An individual <u>residing</u> in North Dakota,A domestic or foreign corporation, orA domestic or foreign limited liability company.

A corporation or limited liability company, appointed as a noncommercial registered agent, <u>must be registered with the Secretary of State, be in good standing, and have a business address in North Dakota</u>. If a corporation or limited liability company is named as a noncommercial registered agent, provide the "correct" name of the organization.

The following numbers correspond to the numbered sections on page one of this form.

FILING FEE: \$10 (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payment may also be made by credit card using Visa, MasterCard, Discover, or American Express.)

1. NO FEE: A fee is not required to add or change a post office box number or when an address change is the result of rezoning or postal reassignment. This includes address changes for implementation of 911 Emergency Service addresses. Provide the exact name of the corporation, limited liability company, limited liability partnership, limited partnership, limited partnership, or real estate investment trust for which the Commercial or Noncommercial Registered Agent/Office Statement of Change is intended. This name must be exactly as currently registered with the North Dakota Secretary of State. If the name in number 2 is not the same as currently reflected on the organization record on file with the Secretary of State, the name will be corrected by the Secretary of State when the document is received. To properly maintain organization records, the Federal ID number is requested.

Privacy: In compliance with North Dakota laws, social security or Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate entity files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the document. Only complete number 4A or 4B if you are changing your current commercial or noncommercial registered agent. If a registered agent is listed in 4A but is not registered as a commercial registered agent, the Secretary of State will correct the agent to be reflected as a noncommercial registered agent; or, in the alternative, change a noncommercial agent to a commercial registered agent and remove the address.

4A. If a commercial registered agent is being appointed, provide the correct name as registered with the North Dakota Secretary of State. If the name in number 4A is not the same as registered by the commercial registered agent, the name will be corrected by the Secretary of State when the document is received.

OR

- 4B. If a noncommercial registered agent is being appointed, provide the correct name. If another corporation or limited liability company is appointed as registered agent and the name of that organization in number 4B is not the same as registered, the name will be corrected by the Secretary of State when the document is received.
- 4C. Check "Yes" or "No" to indicate whether the organization has obtained consent from a newly appointed commercial or noncommercial registered agent or select "Agent not changing." Proof of the approval is not required to be filed with the Secretary of State. Be advised, the Secretary of State has the authority to remove an agent appointed without consent and to dissolve or revoke an organization that fails to maintain a registered agent.

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INSTRUCTIONS FOR COMMERCIAL OR NONCOMMERCIAL REGISTERED AGENT/OFFICE STATEMENT OF CHANGE (CONTINUED)

5A. Only complete this section if you are making a change to the <u>noncommercial</u> registered agent's address or have a newly appointed <u>noncommercial</u> registered agent. The address <u>must include the noncommercial registered agent's physical address (street or rural address), post office box if <u>applicable, city, state, ZIP code with its 4-digit extension</u>. The physical address <u>cannot</u> be only a post office box. Even if a noncommercial registered agent uses a post office box for mailing purposes, the law still requires the physical address for service of process purposes.</u>

If an address of a commercial registered agent is provided, the address will be removed from 5A by the Secretary of State.

- 5B. Indicate whether the Statement of Change is a result of: (leave blank if 5A is blank) Appointment of a new commercial or noncommercial registered agent; New location for the current noncommercial registered agent; or postal reassignment, rezoning, or implementation of 911 address.
- 5C. Indicate whether the address in number 5A is also the address of the principal place of business of the organization named in number 2. (leave blank if 5A is blank)The Commercial or Noncommercial Registered Agent/Office Statement of Change must be signed and dated. If number 4A or 4B is completed appointing a new commercial or noncommercial registered agent, the organization named in number 2 must authorize the appointment by resolution and an officer, a manager, a partner, or an individual authorized by the organization must sign the Commercial or Noncommercial Registered Agent/Office Statement of Change. If the current noncommercial registered agent of record is changing its name or its address as indicated in number 5A, the noncommercial registered agent of Noncommercial Registered Agent/Office Statement of Change. List the name, email address, and daytime telephone number in case this office has any questions or needs additional information to file this document.

ASSISTANCE: If assistance is required to complete this document, contact the Secretary of State.

FAX FILING: The document and Credit Card Payment Authorization may be faxed to (701) 328-0106. A faxed filing does not expedite the process of the document in the Secretary of State's office. When faxing to the Secretary of State, maintain the fax transmission log as proof that the document was timely filed.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.

MAILING INSTRUCTIONS: Send the completed document to:

Secretary of State State of North Dakota 600 E Boulevard Avenue, Dept. 108 PO Box 5513 Bismarck ND 58506-5513

Telephone: (701) 328-4284 Toll-Free: (800) 352-0867 (option 2) Fax: (701) 328-0106 Website: sos.nd.gov

CREDIT CARD PAYMENT AUTHOR	WO Number (For Office Use Only):		
SFN 51478 (02-2016)	Amount		
Name			Telephone Number
Address	City	State	ZIP Code
Card Type Visa MasterCard Discover	American Express	s	Signature (required by credit card companies)
Account Number	CSC Number* Card Expire	es (MMYY)	Date