



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

Certificate of Modified Name:
Modified Name Resolution (Pursuant to NRS 80.025)
Amended Modified Name Resolution (Pursuant to NRS 80.025)
Surrender of Modified Name (Pursuant to NRS 80.025)

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

1. Entity Information:	Corporate name in the home state: <div></div> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <div></div>
2. New Modified Name Resolution:	<input type="checkbox"/> The board of directors of the above indicated entity has adopted a resolution certifying the adoption of a modified name under which the corporation elects to do business in this State. Modified Name: <div></div>
3. Amended Modified Name: (If amending must indicate current modified name)	<input type="checkbox"/> The board of directors of the above indicated entity has adopted a resolution certifying that the corporation qualified to do business in the State of Nevada under an amended modified corporate name. Current Modified Name: <div></div> Amended Modified Name: <div></div>
4. Surrender of Modified Name:	<input type="checkbox"/> The entity name in home state is now available for use in Nevada and the Board of Directors adopts to use the actual corporate name in the State of Nevada. Corporate name in the home state: <div></div> The Modified name being surrendered: <div></div>
5. Date and Signature: (Required)	The board of directors has resolved the above on: <div></div> Date X _____ Authorized Signature

This form must be accompanied by appropriate fees.



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☐ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ Credit Card (attach ePayment checklist)

☐ Trust Account:

☐ Use balance remaining in job #



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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 to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and 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!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*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.

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.