



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

Registered Agent by Non-Filing Domestic and Non-Qualified Foreign Entities

NRS 77.380

This filing completes the following: ☐ Appointment of Registered Agent ☐ Cancellation of Registered Agent

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

INSTRUCTIONS:

In the title box of the form indicate if this is an Appointment or Cancellation of a Registered Agent.

(If canceling the appointment of the Registered Agent please complete sections 1, 5 and 7.)

1. Enter the name of Non-filing or Non-qualified Entity.
2. Enter an individual, a testamentary, inter vivos or charitable trust, with the exception of a business trust, statutory trust or similar trust, an association or relationship that is not a partnership by reason of NRS 87.070, subsection 3 of NRS 87.4322 or similar provisions of the law of any other jurisdiction, a decedent's estate, or a public corporation, government or governmental subdivision, agency or instrumentality or a quasi-governmental instrumentality
3. Enter the state or country of organization.
4. Check the box in this section for the type of Registered Agent being appointed for the Non-filing or Non-qualified entity and complete the required fields. Registered agent must sign section 4a.
5. Enter the name of the Registered Agent that is being canceled.
6. Must have the Authorized Signature of the representative of the non-filing, non-qualifying entity.

1. Entity Information:	Name of Non-filing or Non-qualified Entity: <input type="text"/>
2. Entity Type:	<input type="text"/>
3. Jurisdiction of Organization:	<input type="text"/>
4. Registered Agent Information:	<div><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)</div> <div><input type="text"/></div> <div>Name of Registered Agent OR Title of Office or Position within Entity</div> <div><div><input type="text"/></div><div><input type="text"/></div><div>Nevada <input type="text"/></div></div> <div>Street Address City Zip Code</div> <div><div><input type="text"/></div><div><input type="text"/></div><div>Nevada <input type="text"/></div></div> <div>Mailing Address (if different from street address) City Zip Code</div>
4a. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<p><i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i></p> <p>X <input type="text"/> <input type="text"/></p> <p>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</p>
5. Cancellation:	<div><input type="checkbox"/> This entity is canceling its appointment of the following registered agent as agent for service of process in Nevada.</div> <div>Entity Number: <input type="text"/></div>
6. Signature of Represented Entity: (Required)	<p>X <input type="text"/> <input type="text"/></p> <p>Authorized Signature of Non-filing or Non-Qualifying Entity Date</p>

FILING FEE: \$60.00



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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.