



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

Registered Agent Web Listing

Registration/Amendment Form for Calendar Year _____

NRS 77.305

This filing completes the following: ☐ Registration ☐ Amendment
(If making changes to a current listing please mark the appropriate boxes of the information being changed.)

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

INSTRUCTIONS:

1. Indicate the calendar year above.
2. One registered agent physical address per form.
3. Remit Registration with \$500.00 filing fee per office location of the registered agent.
4. Remit Amendment with \$50.00 fee.

The registration is used to list a natural person or corporation on our website listed above. The Amendment is used to change information currently registered on the Registered Agent Web Listing for the calendar year stated above. *This form is not considered a corporate filing, nor is it a necessary process in order to act as a registered agent. This form cannot be used to alter any corporate filing.*

1. Name of Registered Agent:	State full, legal name of the person or corporation willing to serve as registered agent: <input type="text"/>	Changes: <input type="checkbox"/>																
2. Contact Person:	Name of contact person: <input type="text"/>	<input type="checkbox"/>																
3. Registered Agent Address:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td>Nevada</td><td><input type="text"/></td></tr><tr><td>Street Address</td><td>City</td><td></td><td>Zip Code</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Mailing Address (only if different from above)</td><td>City</td><td>State</td><td>Zip Code</td></tr></table>	<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>	Street Address	City		Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mailing Address (only if different from above)	City	State	Zip Code	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>															
Street Address	City		Zip Code															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Mailing Address (only if different from above)	City	State	Zip Code															
4. Phone Number(s):	Indicate phone numbers to be listed, include area code and number: Office: <input type="text"/> Toll Free: <input type="text"/> Mobile: <input type="text"/> Fax: <input type="text"/>	<input type="checkbox"/>																
5. Website:	Indicate website address: <input type="text"/>	<input type="checkbox"/>																
6. Email:	Indicate email address: <input type="text"/>	<input type="checkbox"/>																
7. Signature: (Required)	<p>I declare, to the best of my knowledge under penalty of perjury, that the above-mentioned entity has complied with the provisions of NRS 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p>X _____ Authorized Signature</p> <p>_____ Date</p>																	



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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.