FRANCISCO V. AGUILAR
Secretary of State
401 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 entieies. 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
401 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

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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:

Entity or Nevada Business Identification Number (NVID):
(for entities currently on file)

2. Registered Agent Acceptance:

☐ Registered Agent Acceptance

3. Information Being Changed:

Statement of Change takes the following effect: (select only one)

☐ Appoints New Agent (complete section 5)

☐ Update Represented Entity Acting as Registered Agent (complete sections 5)

☐ Update Registered Agent Name (complete sections 4 & 5)

☐ Update Registered Agent Address (complete sections 4 & 5)

4. Registered Agent Information Before the Change: (Non-commercial registered agents **ONLY**)

Name of Registered Agent **OR** Title of Office or Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

5. Newly Appointed Registered Agent or Registered Agent Information After the Change:

☐ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title or position and address below)

Name of Registered Agent **OR** Title of Office or Position within Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

6. Electronic Notification: (Optional)

Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only:

7. Certificate of Acceptance of Appointment of Registered Agent: (Required)

I hereby accept appointment as Registered Agent for the above named Entity.

X _____ _____
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

8. Signature of Represented Entity: (Required)

X _____ _____
Authorized Signature On Behalf of the Entity Date

FEE: $60.00
This form must be accompanied by appropriate fees.

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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 *PRINT Completed Form* ERASE / RESET FORM

X_____**PRINT, Then SIGN and DATE this form. DO NOT EMAIL this form**_____ **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.