



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 Commercial Registered Agent Registration, Change or Termination Statement

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:

In the title of the form please indicate the document being filed by checking the appropriate box:

Registration: By checking this box you have indicated that you are Registering as a Commercial Registered Agent (CRA) and will need to complete sections 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 14.

Change: By checking this box you have indicated you are making changes to the CRA registration, you will need to complete section 1 and 14. Indicate the changes being made by checking the applicable box(es) in the change column (right side of the form) and completing those sections.

Termination: By checking this box you will need to complete sections 1 and 14

1. NAME OF INDIVIDUAL OR LEGAL ENTITY NAME OF COMMERCIAL REGISTERED AGENT: Enter the legal name of individual or entity (business) name that the Commercial Registered Agent is registering or currently on record. If filing for change, state name being change to, must be legal name of individual or entity (business) name.

2. FICTITIOUS OR ALTERNATE NAME IF LEGAL NAME IS NOT AVAILABLE: If the individual or entity name is not distinguishable from other Commercial Registered Agent on file with the Secretary of State office, complete this section.

3. INDIVIDUAL'S NAME VARIATION(S)/OTHER NAME(S) USED: This section is for individuals only who are registering as a Commercial Registered Agent and have variations to their name on record with our office as a registered agent. i.e.- Middle name, middle initial, or shortened full name.

4. COMMERCIAL REGISTERED AGENT ENTITY TYPE: Indicate the entity type of the Commercial Registered Agent (Corporation, LLC, Sole Proprietor, etc.).

5. NEVADA BUSINESS ID NUMBER (NVID): Indicate the NVID that is located on the business license that is issued by the Nevada Secretary of State. All Commercial Registered Agents are required to maintain a Nevada State Business License.

6. JURISDICTION: Indicate the state of jurisdiction.

7. ADDRESS FOR SERVICE OF PROCESS: Indicate the Nevada street address for service of process. You may indicate an optional mailing address within this state for other correspondence.

8. EMAIL ADDRESS: Provide an email address where you will receive electronic notifications in lieu of postal service.

9. INDIVIDUAL WITH AUTHORITY TO ACT: Indicate the name and address of the person who has authority to act on behalf of the Commercial Registered Agent.

10. FICTITIOUS, WEBSITE OR DOMAIN NAME(S): Indicate any website or domain name by which an affiliated registered agent conducts business in this State or through which an affiliated registered agent offers services in this State.

11. TERMINATION STATEMENT: Statement required per NRS.

12. REQUIRED STATEMENT: Statement required per NRS.

13. SIGNATURE: Must be signed by Authorized Signature of Individual or On Behalf of Entity. Form will be returned if unsigned.



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Commercial Registered Agent Registration, Change or Termination Statement

(PURSUANT TO NRS 77.320, 77.330, 77.360)

The Commercial Registered Agent Statement completes the following:

☐ Registration ☐ Change ☐ Termination

(If making changes to a current registered Commercial Agent please mark the appropriate boxes of the information being changed.)

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

1. Name of individual or legal entity name of Commercial Registered Agent:	Name being registered or current Commercial Agent on file: <input type="checkbox"/> Legal Name of Individual OR <input type="checkbox"/> Legal Name of Entity <input type="text"/> Name being changed to: <input type="text"/>	Changes: <input type="checkbox"/>
2. Fictitious name or alternate if legal name is not available:	Fictitious or alternate business name if legal name is not distinguishable from other Commercial Registered Agent on file with the Secretary of State office: <input type="text"/>	<input type="checkbox"/>
3. Individual's name variation(s)/Other name(s) used: (Middle name, middle initial, or shortened full name)	Individual only: Any other name used as a Registered Agent: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
4. Commercial Registered Agent entity type:	Entity Type (Corporation, LLC, Sole Proprietor, etc.): <input type="text"/>	<input type="checkbox"/>
5. Nevada Business ID number: (Required)	Nevada Business Identification Number (NVID) located on the State Business License: <input type="text"/>	
6. Jurisdiction: (State of formation)	Jurisdiction of Organization (state): <input type="text"/>	<input type="checkbox"/>
7. Address for Service of Process: (Must be in Nevada)	The business address in this State to which service of process and other notice and documents being served on or sent to entities represented by it may be delivered is: <input type="text"/> <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> <input type="text"/> Nevada <input type="text"/> Mailing Address (only if different from above) City Zip Code	<input type="checkbox"/>
8. Email address:	Email address where electronic notices may be sent: <input type="text"/>	<input type="checkbox"/>
9. Individual with the Authority to Act:	Individual who has the authority to act on behalf of the commercial registered agent: <input type="text"/> <input type="text"/> Name Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address City State Zip/Postal Code	<input type="checkbox"/>



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10. Individual with the Authority to Act, continued:	Contact Phone Number: <div><input type="text"/> - <input type="text"/> - <input type="text"/></div>	Changes: <input type="checkbox"/>
11. Fictitious, website or domain name(s):	List any fictitious name, website or domain name(s) by which an affiliated registered agent conducts business in this State, or through which an affiliated registered agent offers services in this State: <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div> <p>(attach additional page(s) if necessary)</p>	<input type="checkbox"/>
12. Termination Statement:	Termination: a. The above named agent is no longer in the business of serving as a commercial registered agent. b. This termination statement takes effect on the 31st day after the day on which it is filed. c. The commercial registered agent shall promptly furnish each entity represented, a notice of the Commercial Registered Agent Termination Statement. d. When this statement takes effect the above named registered agent ceases to be an agent for service of process on each entity formerly represented by it.	
13. Required Statement:	If the person filing the statement is an individual, that the individual or a domestic or foreign entity, that each director, officer or managing agent of the entity : a. Has not been convicted of a felony or, if the individual has been convicted of a felony, a statement that the individual has had his or her civil rights restored; and b. Has not had his or her ability to serve as a registered agent or a director, officer or managing agent of a registered agent denied or revoked by the appropriate authority of this State or another state, or has not been enjoined by a court of competent jurisdiction from serving as a registered agent or a director, officer or managing agent of a registered agent, because the individual has engaged in conduct in his or her capacity as a registered agent, or as a director, officer or managing agent of a registered agent, that was intended to or likely to deceive or defraud the public.	
14. Signature: (Required)	<p>Pursuant to NRS 77.320 (2)(b), the person is in the business of serving as a Commercial Registered Agent in this state.</p> <p>Pursuant to NRS 77.360 (4), the above named registered agent has sent notice to each entity represented by it with notice in a record of the filing of a statement of change relating to the name or address of the agent and the changes made by the filing.</p> <p>Signature: I declare, to the best of my knowledge under penalty of perjury, that the information contained in this document is correct 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>Print: <input type="text"/></p> <p>Full Name of Signer X <input type="text"/></p> <p>Authorized Signature of Individual or On Behalf of Entity <input type="text"/></p> <p>Date <input type="text"/></p>	



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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.