



KANSAS SECRETARY OF STATE  
**Change of Resident Agent Name  
 and/or Registered Office Address by  
 Resident Agent**

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

## GENERAL FILING INSTRUCTIONS

<b>Filing fee</b>	Submit this form with the <b>\$35</b> filing fee for for-profit entities, <b>\$20</b> filing fee for not-for-profit entities, or if this is a change to multiple entities, submit an attachment with the entity names, business entity ID numbers and their states of organization, and enclose a <b>\$150</b> fee.
<b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>
<b>Daytime phone and contact person</b>	_____
<b>Resident agent</b>	This form is only for a change in name or address of a resident agent - the resident agent must remain the same person.
<b>Public Information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.



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**Resident Agent**



Memorial Hall, 1st Floor (785) 296-4564  
 120 S.W. 10th Avenue kssos@ks.gov  
 Topeka, KS 66612-1594 https://sos.ks.gov

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1. I,  , the resident agent for the entity(ies) listed below, do hereby certify that I have changed my name and/or the registered office address in the state of Kansas for the following business entity(ies):

2. **Business entity ID number:**  
 Not Federal Employer ID Number (FEIN).

3. **Business entity name:**  
 Must match name on record with Secretary of State.

4. **State/Country of organization:**

5. **Current resident agent name and registered office address:**

Name	Street Address		
City	State <b>KS</b>	Zip	

6. **New resident agent name and registered office address:**  
 Must be a street, rural route, or highway. A P.O. box is unacceptable.

Name	Street Address		
City	State <b>KS</b>	Zip	

7. **Effective date:**

Upon filing       Future effective date

Month	Day	Year
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8. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Officer X	Month	Day	Year
Name of Signer (Printed or Typed)			