



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

Instructions

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

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

Kansas Office of the Secretary of State:

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

<input type="checkbox"/> Filing fee	Submit this form with the \$35 filing fee for for-profit entities, \$20 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 \$150 fee.
<input type="checkbox"/> Payment	<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. Please do not send cash.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p> <p>NOTICE: There is a \$25 service fee for all returned checks.</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to Business Services, 785-296-4570. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<input type="checkbox"/> Resident agent	This form is only for a change in name or address of a resident agent - the resident agent must remain the same person.
<input type="checkbox"/> Address change	This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov .



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THIS SPACE FOR OFFICE USE ONLY.

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

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**
 Must be a street address. A P.O. box is unacceptable

Name	Street Address		
City	State KS	Zip	

6. **New resident agent name and registered office address**
 Must be a street address. A P.O. box is unacceptable

Name	Street Address		
City	State KS	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

Name of Signer (Printed or Typed)

Month	Day	Year
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