

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

COMMERCIAL REGISTERED AGENT CHANGE OF NAME OR ADDRESS

Please Type or Print Clearly in Ink

FILING FEE: \$10 per Entity Represented
(Both ACTIVE and INACTIVE Entities)
Payable to **SECRETARY OF STATE**

The Commercial Registered Agent (CRA) identified below submits to the Secretary of State the following change of name or address.

1. The Commercial Registered Agent CRA# _____

2. The current CRA name _____

The new CRA name _____

3. The current address on file

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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The new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. The jurisdiction of organization _____

The new jurisdiction _____

5. The type of organization _____

New type of organization _____

The statement of change shall be signed by or on behalf of the commercial agent.

Dated _____

(Signature of an authorized officer)

Email _____

(Printed Name)

(Title)