

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

**NON-STOCK APPLICATION FOR
AMENDED CERTIFICATE OF
AUTHORITY
FOREIGN NONPROFIT CORPORATION**

FILING FEE: \$25

Make check payable to SECRETARY OF STATE

1. The Name and Business ID of the corporation is:

Name (Note: This must be the exact corporate name as registered.) _____ Business ID _____

2. The Name of the corporation as amended:

3. The name of the state or other jurisdiction under whose laws it is incorporated: _____

4. The address of its principal office (this is the address of the executive offices of the company):

Street Address _____ City _____ State _____ ZIP+4 _____

Mailing Address if different from street address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

5. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: _____

Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Mailing Address in this State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name _____ CRA# _____

(c) Title of the office or other position with the business: _____

Business Office's Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Mailing Address in this State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

6. The purpose(s) that the corporation is engaging in business in South Dakota:

7. The names and usual business addresses of its principal officers and directors. Place a check mark next to the name if the principal officer serves as a director.

President	Street Address	City	State	ZIP+4
Vice President	Street Address	City	State	ZIP+4
Secretary	Street Address	City	State	ZIP+4
Treasurer	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4

8. The foreign corporation shall deliver with the completed application an **Original Certificate of Existence** or a document of similar import, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or other jurisdiction under whose law it is incorporated.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title