

Please
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CC

KANSAS SECRETARY OF STATE
**Certificate of Correction - Kansas Covered
Entity and Foreign Covered Entity**

GENERAL FILING INSTRUCTIONS

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

Filing fee

The filing fee for this document is **\$35** for a for-profit covered entity or **\$20** for a not-for-profit covered entity.

Payment

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.**

NOTICE: There is a \$25 service fee for all returned checks.

Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:

Credit card number _____

Billing zip code _____ **Expiration date** _____

Daytime phone and contact person

No duplicate copies

Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.

No email

Filings are not accepted by email.

No filing by phone

No documents or reports can be filed with our office by phone.

Public Information

All documents filed with our office are available to the public and may be viewed online without cost. Please consider this when providing information on our forms. Instructions and payment information are shredded after use.

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

1. Business entity ID/file number:

[Empty text box for Business entity ID/file number]

2. Name of covered entity:

Must match name on record with the Secretary of State.

[Empty text box for Name of covered entity]

3a. Specify the document to be corrected:

[Empty text box for Specify the document to be corrected]

3b. Date erroneous document was filed with Kansas Secretary of State:

Month	Day	Year

3c. The inaccuracy needing correcting:

[Empty text box for The inaccuracy needing correcting]

4. Set forth the portion of the document in its corrected form:

[Empty text box for Set forth the portion of the document in its corrected form]

5. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Authorized Person

Name of Signer (Printed or Typed)

X