Change of Resident Agent Name and/or Registered Office Address by Resident Agent

1. 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.

2. This form is only for a change in name or address of a resident agent - the resident agent must remain the same person.

3. 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.

STAY UP-TO-DATE ON YOUR ORGANIZATION’S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: There is a $25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.
KANSAS SECRETARY OF STATE  
Change of Resident Agent Name and/or 
Registered Office Address by 
Resident Agent

CONTACT: Kansas Office of the Secretary of State
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov

INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. 
Please read instructions sheet before completing.

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:  
   This is not the Federal Employer ID Number (FEIN)

3. Business entity name:  
   Name must match the name on record with the Secretary of State

4. State/Country of organization: ________________________________________________________________

5. Current resident agent name and registered office address:  
   Address must be a street address  
   A P.O. box is unacceptable

   Name

   Street Address

   City  State  Zip

   Kansas

6. New resident agent name and registered office address:  
   Address must be a street address  
   A P.O. box is unacceptable

   Name

   Street Address

   City  State  Zip

   Kansas

7. Effective date:  
   [ ] Upon filing  
   [ ] Future effective date  
   Month  Day  Year

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 resident agent

   Date (month, day, year)

   Name of signer (printed or typed)

Rev. 12/27/10 jdr