

RO
53-06



Instructions:
**Change of Registered
Office or Agent by a
Corporation**

Contact:
Kansas Secretary of State, Chris Biggs

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@kssos.org
www.kssos.org

- 1. Submit this form with the \$35 filing fee.
- 2. Any of the following may serve as resident agent:
 - a) the corporation itself,
 - b) an individual residing in Kansas,
 - c) a Kansas corporation, limited partnership, limited liability company or business trust, or
 - d) a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas.
- 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.kssos.org.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.KSSOS.ORG. 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.*

RO

KANSAS SECRETARY OF STATE

53-06**Change of Registered Office or Agent
by a Corporation****CONTACT: Kansas Secretary of State, Chris Biggs**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@kssos.org
www.kssos.org*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Business entity ID
number:***This is not the Federal Employer
ID Number (FEIN)***2. Name of corporation:***Name must match the name on
record with the Secretary of State***3. State/Country of
organization:****4. The new name of the
resident agent and
address of the registered
office in Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***5. 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**Date (month, day, year)**Name of signer (printed or typed)*