

**ROA**

**KANSAS SECRETARY OF STATE  
Certificate of Amendment  
Change of Resident Agent and/or  
Registered Office**

**INSTRUCTIONS FOR FILING  
CERTIFICATE OF AMENDMENT**

**SUBMIT THE DOCUMENTS  
WITHOUT THIS PAGE**

**Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at <https://www.sos.ks.gov/businesses/change-a-business.html>.**

**How to complete the Certificate of Amendment, Change of Resident Agent and/or Registered Office:**

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). ID numbers may be found at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLC, LLP, Corp., etc.)
3. Provide the name of the resident agent.

Resident agent: This must be either an individual, a business registered in Kansas, or the business itself who will receive any legal documents (i.e. subpoenas, court orders, summons, etc.) for the business named in section 2. If the resident agent is a business, search for the legal name of the business at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.

4. Provide the registered office for the resident agent.

Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This cannot be a PO box.

5. An authorized person on behalf of the business must sign.

**Fee Schedule**

**Certificate of Amendment, Change of Resident Agent and/or Registered Office:**

The filing fee for the Certificate of Amendment is as follows:

Not-for-Profit Corporation paper filing:..... \$20  
Not-for-Profit Corporation online filing: ..... \$20  
All other Businesses paper filing:..... \$35  
All other Businesses online filing: ..... \$30

**Filing Online:**

Create and file the Certificate of Amendment at <https://www.sos.ks.gov/businesses/change-a-business.html>. If filed online, do not complete and mail the paper form. Credit/debit cards are accepted for payment. Processing happens within minutes and your certified copy of the Certificate of Amendment can be printed from the above website without delay.

**Mail to:**

Kansas Secretary of State  
Docking State Office Building  
915 SW Harrison Street  
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Certificate of Amendment is completed, a certified copy of the Certificate of Amendment will be mailed to the address of the sender.

# CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE  
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

*Note: The credit/debit card information will be destroyed upon the filing of the document.*

## Contact Information

Contact Person

Direct Phone Number for Contact Person

## Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code

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**Kansas Secretary of State**  
Docking State Office Building  
915 SW Harrison Street  
Topeka, KS 66612

(785) 296-4564  
kssos@ks.gov  
https://sos.ks.gov

**1. Business ID/file number:**

Kansas Secretary of State issued file number.

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**2. Name of business:**

Must match name on record with the Kansas Secretary of State.

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**3. Name of resident agent:**

Must be an individual, the business named in section 2, or a business already registered with our office. **Do not leave blank.**

**If naming a business registered with the Kansas Secretary of State as the resident agent, that business must match identically to the name on file.**

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**4. Registered office in Kansas for the resident agent:**

Must be a street, rural route, or highway. **A PO box is unacceptable.**

Street Address (A PO box is unacceptable)

City

State

Zip

**KS**

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**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

X