



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: www.Corporations.Alaska.Gov

Change of Registered Agent (Statement of Change)

All Entity Types (Except Religious Corporation)

- If you are filing for a Religious Corporation (this is different from a Nonprofit Corporation), then you must file a Change of Registered Agent (Statement of Change) form (#08-543) for a Religious Corporation. Verify your entity type at www.Corporations.Alaska.Gov, click Search Corporations Database.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State’s website.
- Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska or use the attached credit card payment form.

Important: Per Alaska statutes, all entities shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent AND a registered office (with an Alaskan physical location and an Alaska mailing address) for the purpose of a registered agent’s statutory requirements to receive service of process, notices, or demands required or permitted by law to be served upon the corporation.

Failure to meet registered agent requirements could result in involuntary dissolution of the entity’s authority to transact business in the State of Alaska.

For more registered agent information, go to www.Corporations.Alaska.Gov, click Registered Agents FAQs.

PART I		Payment of Fees
Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee	\$25.00

PART II		Entity Information on Record with the State
Entity Name:		
Alaska Entity Number:		

PART III Required Statement

The current/previous Registered Agent and addresses are on record with this Division and are publicly available online in the entity's corporate record at www.Corporations.Alaska.Gov, click Search Corporations Database.

PART IV Continuing or New Registered Agent Information to be Updated

Registered Agent Name: (Required)	(Registered agent cannot be the entity listed in Part II on Page 1 and cannot be an LLC.)		
Registered Agent Physical Address (Required):	Street		
	City	State Alaska	Zip
Registered Agent Mailing Address (Required):	P.O. Box or Street		
	City	State Alaska	Zip

PART V Signature

Verify your entity's type, required signature/title, and biennial report by going to: www.Corporations.Alaska.Gov, click Search Corporations Database. This form will not be filed if the entity's biennial report is not current.

Corporations – Nonprofit, Business, Professional, Cooperative: The form must be signed by a President or Vice President on record. The registered agent change was authorized by a resolution duly adopted by the board of directors of the corporation.

Limited Liability Company: The form must be signed by a Member or Manager on record, or an attorney-in-fact. The registered agent change was authorized by the company's manager, or, if the company is not managed by a manager, by the members. If the Member or Manager is an entity, signing authority on behalf of the entity must be provided.

Limited Liability Partnership: The form must be signed by a Partner or attorney-in-fact. The registered agent change was authorized by the limited liability partnership.

Limited Partnership: The form must be signed by a General Partner or attorney-in-fact. The registered agent change was authorized by a resolution duly adopted by all of the general partners. If the General Partner is an entity, signing authority on behalf of the entity must be provided.

Cooperative Electric & Telephone: The form must be signed by a presiding officer of the board. A director is not an authorized signer. The registered agent change was authorized by a resolution duly adopted by the board of directors of this corporation.

Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Printed Name:		Title of Authorized Signer:	
Signature:		Date Signed:	



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Contact Information

- Return this form with your filing.
- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
 Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	