



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

STATEMENT OF CHANGE

Registered Agent or Registered Agent Address

Domestic Limited Liability Partnership

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS *(Please retain for your records):*

NOTICE: The Statement of Change will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. To verify this information please search for the entity on our database located in the Corporations Section at www.commerce.state.ak.us/occ/, Search Corporations Database. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the officers/directors/shareholders have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

The entity submits the Statement of Change for the purpose of changing its registered agent or the registered agent address in the state of Alaska. The registered agent of the corporation must be an individual who is a resident of Alaska, or a corporation (excluding LLC, LP, LLP) registered and in good standing with this office. A corporation may not act as its own registered agent.

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: Prior registered agent information.

ITEM 3: New registered agent information.

ITEM 4: The Statement of Change must be signed by an authorized person.

NOTE: 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.

Mail the Statement of Change and the non-refundable \$25.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

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Domestic Limited Liability Partnership

\$25.00 Filing Fee (non-refundable)

To ensure a successful filing please read the instructions first and complete all sections. Failure to maintain complete registered agent information will result in the entity being Non-Compliant.

The following will apply to the registered agent on file with this office:

ITEM 1: Name of the Entity:	Alaska Entity #:

ITEM 2: PRIOR registered agent information:

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

A registered agent must be a resident of Alaska or a corporation (excluding LLC, LP and LLP) registered and in good standing with this office. A corporation may not act as its own registered agent.

ITEM 3: NEW registered agent information (must include a physical and mailing address in Alaska):

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

ITEM 4: Required Signature:

The authorized person must sign the Statement of Change.

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Signature of Authorized Person Printed Name Title Date

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The information you submit is a public record and, once filed for record, will be posted on the State's website.



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CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:
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