



THE STATE
of **ALASKA**

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

COR

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

Entity: Address Change

All Entity Types

AS 10 and AS 32

This form is only to notify the Corporations Section of an entity's address change.

- File this form in-between biennial reports.
- Online filing is not available for this form; submit this form via fax or USPS Mail.
Tip: If faxing, print a confirmation page from your fax machine that all pages were successfully faxed.

Separate notification is required for Registered Agent and/or Officials address changes to the Corporation Section.

Separate address change notification is required to the Business and Professional Licensing Sections:

- BusinessLicense.Alaska.Gov and submit form #08-4054.
- ProfessionalLicense.Alaska.Gov and submit form #08-4291.

Processing Time: Standard processing time from March-September is 10-15 business days. During heavy filing seasons, October-February, the processing time will be delayed.

PART I Payment of Fees

No Fee:	<input type="checkbox"/> Entity: Address Change Fee <i>There is no fee associated with this filing.</i>	\$0.00
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PART II Entity Information

Entity Name:	
Alaska Entity Number:	

PART III Entity Physical Address Change

Previous Physical Address:	Street	City	State	Zip
New Physical Address:	Street	City	State	Zip

PART IV Entity Mailing Address Change

Previous Mailing Address:	P.O. Box or Street	City	State	Zip
New Mailing Address:	P.O. Box or Street	City	State	Zip

PART V Registered Agent

- I understand that this form will only update this entity's business addresses on record and will not change the appointed Registered Agent or their addresses. If the Registered Agent and/or their addresses need to be updated, I will submit a separate *Statement of Change* form with its required \$25 filing fee.

PART VI Signature

By my signature below, I declare under the penalty of perjury that the information provided on the application is true and correct to the best of my knowledge.

I further certify that by submitting this form I am an authorized official on record for this entity, or contractually authorized by the official(s) on record, to act on behalf of this entity regarding this matter.

Signature:		Date:	
Printed Name:		*Title:	

**If signing on behalf of the entity, then identify signer's relationship and signing authority with the entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

IMPORTANT: Update Other Addresses on Record with this Division:

If the above previous addresses are also on record with any of the following then you must submit separate notification:

- **Business Licensing Section:** *BusinessLicense.Alaska.Gov*
Business License Address Change: Submit form #08-4054.
- **Professional Licensing Section:** *ProfessionalLicense.Alaska.Gov*
Professional License Address Change: Submit form #08-4291.



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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

Phone Number:

Email Address:

PART III Document Return Address

Return my filings to the address provided **ABOVE**.

Return my filings to the address provided **BELOW**:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip