

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

### ARTICLES OF AMENDMENT

**Domestic Business Corporation** 

AS 10.06.510

#### Filing Fee: \$25.00 (non-refundable)

#### **INSTRUCTIONS** (Please retain for your records):

**NOTICE**: The Articles of Amendment will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- o Are the officers/directors/shareholders up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at <u>www.commerce.alaska.gov/occ</u>. 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.

# Refer to Alaska Statutes 10.06.510. The Articles of Amendment correctly set out, without change, the provisions of the articles being amended.

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

**ITEM 2**: Provide voting information; if there are no separate share classes, ignore the second column.

**ITEM 3**: List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Incorporation and amendments already filed.

**ITEM 4**: The Articles of Amendment must be signed by the corporation president or vice president, and the secretary or assistant secretary currently on record with this office.

**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 Articles of Amendment 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.



State of Alaska DO NOT STAMP ABOVE THIS BOX **Division of Corporations, Business and Professional Licensing** Office Use Only CORPORATIONS SECTION PO Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974 Website: www.commerce.alaska.gov/occ

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#### **ARTICLES OF AMENDMENT Domestic Business Corporation** AS 10.06.510

### \$25.00 Filing Fee (nonrefundable)

Pursuant to Alaska Statutes 10.06.510, the undersigned corporation adopts the following amended Articles of Incorporation which set out:

<b>ITEM 1</b> : Name of the entity:	Alaska Entity #:

**ITEM 2**: Provide the voting information; if entity has no separate classes of shares, ignore the second column.

If no shares were issued:	
Date the amendment was adopted the board of directors (mm/dd/yyyy format):	

If shares were issued:	If shares are entitled to vote as a class:	
Date amendment adopted:	Number of shares in class:	
Number of outstanding shares:	Class series:	
Number of shares entitled to vote:	Number of votes for amendment:	
Number of shares voting for amendment:	Number of votes against amendment:	
Number of shares voting against amendment:		

ITEM 3: List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Incorporation and amendments already filed.

Attach an additional sheet if necessary.

**ITEM 4**: The Articles of Amendment must be signed by the president or vice president and by its secretary or an assistant secretary of the entity.

Signature of President or Vice President	Printed Name of President or Vice President	Date
Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date

**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.

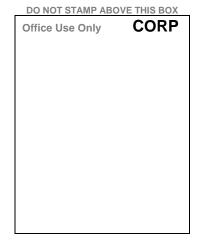
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### **CONTACT INFORMATION SHEET**



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: 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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FOR DIVISION USE ONLY

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

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

## **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 Applicar	nt or Licensee:		
Program Type:		License Number <i>(if applicable)</i> :	
I wish to make pa	ayment by credit card fo	r the following <i>(check all that apply)</i> :	AMOUNT
Application	ו Fee:		
License or	Renewal Fee:		
Other (nar	ne change, wall certifica	ate, fine, duplicate license, exam, etc.):	
1			
2			
		TOTAL:	
Name (as shown	on credit card):		
Mailing Address:			
Phone Number:		Email <i>(optional)</i> :	
Signature of Cre	edit Card Holder:		
08-4438	Rev 12/26/18	Credit Card Payment Form (all major o	cards accepted)

#### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed! 1. Account Number: All four fields **MUST** be completed! Expiration Date: 2. This section will be Billing ZIP Code: 3. destroyed after the payment is processed. 4. Security Code: