



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

#### **Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 • Fax: (907) 465-2974 Email: *corporations@alaska.gov* Website: *Corporations.Alaska.Gov* 

## **Statement of Change**

### Domestic Limited Liability Company (AS 10.50)

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Domestic Limited Liability Companies.
- The Statement of Change will not be filed if the official signing this form does not match an official on
  record for this entity and/or if your entity's biennial report is not current. To verify your entity information on
  record, go online to Corporations.Alaska.Gov, 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.

#### **1.** Important:

AS 10.50.055-.065

Per AS 10.50.055, each Domestic Limited Liability Company shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent AND a registered office (with an Alaskan physical location and an Alaskan mailing address) for the purpose of a registered agent's statutory requirements to receive service of processes, notices, or demands required or permitted by law to be served upon the limited liability company.

Failure to meet registered agent requirements could result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.  $-AS \ 10.50.408(a)(2),(3)$ 

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

**2. Fee:** \$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.065(b)

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.

3.	Entity Information on	Record with the State:	AS 10.50.060(1)
	Entity Name:		
	Alaska Entity Number:		

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4.	PREVIOUS Registered Agent Information on Rec	ord with the State:	AS 10.50.060(2), (4)		
	PREVIOUS Registered Agent Name:				
	PREVIOUS Registered Agent Addresses:				
	→ PHYSICAL Address:				
	City:	State: AK (mandatory)	ZIP Code:		
	→ MAILING Address:				
	City:	State: AK (mandatory)	ZIP Code:		
5.	CURRENT Registered Agent Information to be Updated with the State: AS 10.50.060(3), (				
	CURRENT Registered Agent Name: (Registered agent cannot be the entity listed in Item 3 on Page 1 and cannot be an LLC.)				
	If the new Registered Agent is an entity, provide its e				
	CURRENT Registered Agent Addresses:				
	PHYSICAL Address:				
	City:	State: AK (mandatory)	ZIP Code:		
	→ MAILING Address:				
	City:	State: AK (mandatory)	ZIP Code:		
6.	Authorization per Alaska Statute:	·	AS 10.50.060(6)		
	The registered agent change was authorized by the by a manager, by the members. Per AS 10.50.860, a the record of the resolution.				
7.	Required Signature:		AS 10.50.840		
	The Statement of Change must be signed by: a member (per AS 10.50.840.(a)(2)) or a manager (per AS 10.50.840(a)(1)) currently on record; or an attorney-in-fact (per AS 10.50.840(c)). 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.				
	Signature:	Date:			
	Printed Name:				
	Title of Authorized Signer:       Image: Member         If signing on behalf of a member or manager which is an entity, the	Manager	Attorney-in-fact		
	entity. For example: John Smith, President of XYZ Inc. the sole n	nember of ABC LLC.	Signing autionly with the Member		





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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

Entity Information	Enter your entity information as it appears on this filing.
Entity Name:	
AK Entity #:	

Contact Person		Whom may we contact with any questions or problems with this filing?			
Company:					
Contact:					
Mailing Address:	Address:				
Maining Address.	City:		State:	ZIP:	
Phone:					
Email:					

Document Return Address		Provide an address for the return of your filed documents.		
<ul> <li>Return my filings to the address provided ABOVE</li> <li>Return my filings to this address provided BELOW</li> </ul>				
Company:				
Contact:				
Mailing Address:	Address: 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 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	Other (name change, wall certificate, 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: