



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**

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](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

## Statement of Change

### Foreign Limited Liability Partnership (AS 32.06)

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Foreign Limited Liability Partnerships.
- 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](http://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 32.06.922(b)

Per AS 32.06.922, each Foreign Limited Liability Partnership 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 partnership.

Failure to meet registered agent requirements could result in revocation of the entity's authority to transact business in the State of Alaska.

For more registered agent information go to [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov), *Registered Agents FAQs*.

#### 2. Fee:

☐ \$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.055(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:

Entity Name: \_\_\_\_\_

Alaska Entity Number: \_\_\_\_\_

#### 4. PREVIOUS Registered Agent Information on Record with the State:

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 32.06.922(b)

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 entity number: \_\_\_\_\_

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:

The registered agent change was authorized by the limited liability partnership. Per AS 32.06.403, the limited liability partnership is to keep and make available the record of the resolution.

#### 7. Required Signature:

AS 32.06.970(c)

The Statement of Change must be signed by a person authorized by AS 32.06. 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: \_\_\_\_\_



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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: City: State: ZIP:
Phone:	
Email:	

Document Return Address	Provide an address for the return of your filed documents.
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>	
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>	
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 Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.