



New Mexico

# Secretary of State

Business Services Division

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501

(800) 477-3632 · www.sos.state.nm.us

\$25 FEE-PROFIT, FOREIGN BUSINESS TRUST

\$20 FEE-LIMITED LIABILITY COMPANY

\$10 FEE-NONPROFIT

SUBMIT ORIGINAL  
TYPE OR PRINT LEGIBLY

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT

Pursuant to the provisions of the New Mexico Limited Liability Company Act, Nonprofit Corporation Act, Profit Corporation Act and Foreign Business Trust Administration Act the undersigned entity submits the following statement for the purpose of changing its registered office or registered agent or both in the state of New Mexico:

The entity's name and Business ID# are: \_\_\_\_\_

The current registered agent's name and address are (Include the city, state and zip code. **Must match what is currently on file**):

\_\_\_\_\_

The successor registered agent's name and address are (Include the city, state and zip code. The entity **CANNOT** act as its own registered agent):

\_\_\_\_\_

If different from the successor registered agent's address, the principal place of business address in NM is (Include the city, state and zip code):

\_\_\_\_\_

The entity's mailing address is (Can be anywhere. Include the city, state and zip code):

### (Foreign Entities only)

The office address in the entity's domestic state is (Include the city, state and zip code):

\_\_\_\_\_

The principal office address in the entity's domestic state, or anywhere is (Include the city, state and zip code):

\_\_\_\_\_

I declare that I have examined this statement, including accompanying statements, and to the best of my knowledge and belief, it is true and complete.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Officer (Corporation or Foreign Business Trust)  
Signature of Member/Manager (LLC)



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## STATEMENT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED SUCCESSOR REGISTERED AGENT

Complete Box 1 if the registered agent is an individual.

Complete Box 2 if the registered agent is a corporation, limited liability company or partnership.

**Only complete the applicable box.**

**Box 1-Individual as Registered Agent**

I, \_\_\_\_\_  
(Registered Agent's Printed Name)

hereby acknowledge that the undersigned individual accepts the appointment of registered agent

of \_\_\_\_\_  
(Entity's Name)

the entity which is named in the annexed statement.

By \_\_\_\_\_  
(Registered Agent's Signature)

**Box 2-Entity as Registered Agent.** (The entity **CANNOT** act as its own registered agent).

I, \_\_\_\_\_  
(Authorized Person's Printed Name) (Authorized Person's Title)

of \_\_\_\_\_  
(Registered Agent's/Business' Name)

hereby acknowledge that the undersigned individual accepts the appointment of registered agent

of \_\_\_\_\_  
(Entity's Name)

the entity which is named in the annexed statement.

By \_\_\_\_\_  
(Registered Agent's Signature)



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### DOCUMENT DELIVERY INSTRUCTION FORM

(You must have one Document Delivery Instruction Form for **each** filing being submitted)

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

Mailing Address (Include city, state and zip code): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Please check how the documents are to be delivered

Will Pick Up

Mail to Address Above

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. **DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS.** IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK THEM UP WITHIN THAT TIME FRAME.

---THANK YOU