



New Mexico  
**Secretary of State**  
Corporations Bureau

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501  
(800) 477-3632 · [www.sos.state.nm.us](http://www.sos.state.nm.us)

**DOMESTIC LIMITED LIABILITY COMPANY CHANGE OF AGENT/OFFICE**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
(53-19-5 and 53-19-63 NMSA 1978)  
(SOS-DLCCOA)**

**FILING FEES:** Statement of Change of Registered Office or Registered Agent or Both, \$20 (submit a signed original of the Statement of Change of Registered Office or Registered Agent or Both, **and** the signed Statement of Acceptance of Appointment by Designated Successor Registered Agent). Payment of fees **must** be made by check or money order, made payable to the New Mexico Secretary of State.

**FILING:** The limited liability company may change its registered office or registered agent and shall file the following with the Secretary of State:

- (1) The signed original **Statement of Change of Registered Office or Registered Agent or Both**
- (2) The signed original **Statement of Acceptance of Appointment by Designated Successor Registered Agent**
- (3) **\$20 filing fee**, must be made by check or money order made payable to the New Mexico Secretary of State (NMSOS).
- (4) A completed **Document Delivery Instructions Form**

**NOTE:** If you would like a copy of the filed document returned to you, please include an additional copy of the document being filed **and** a self-addressed stamped envelope. If the additional copy or self-addressed stamped envelope are not provided at the time of filing, you will not receive a copy of the filed document.

**EXECUTION OF DOCUMENTS:** The Statement of Change of Registered Office or Registered Agent or Both must be executed (signed by the company representative for the limited liability company name, with the printed name of the person signing and the capacity in which he/she signs). The Statement of Acceptance of Appointment by Designated Successor Registered Agent must be executed (signed by the individual accepting appointment as successor registered agent or authorized person of the entity being appointed as successor registered agent.)

**DOCUMENT DELIVERY INSTRUCTION FORM:** Please complete this form to advise our office how the documents will be returned to you along with your contact information. This form must be submitted with your application.

If the Secretary of State determines that the statement conforms to the provisions of 53-19-5, it shall file the statement in its office and, upon filing, the change of registered agent, change of address of the registered office or change of the registered agent's place of business shall become effective and fulfill any requirement that such change be reported to the Secretary of State.

**NOTE:** Please refer to the New Mexico Limited Liability Company Act (53-19-1 to 53-19-74, NMSA 1978) for the complete statutes governing a limited liability company. A copy of the statutes can be viewed on our website at <http://www.sos.state.nm.us/uploads/files/Corporations/ch53Art19.pdf>. The Corporations Bureau can only act in an administrative capacity. We cannot offer you legal advice or opinion on your particular filing. We recommend that you consult with your own attorney and accountant during the process of organizing your company.

**INCLUDED IN THIS PACKET ARE INSTRUCTIONS FOR COMPLETING OUR FORMS  
PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY**

**Please visit our website at: [www.sos.state.nm.us](http://www.sos.state.nm.us)**



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## **Instructions for Completing Form SOS-DLCCOA (Statement of Change of Registered Office or Registered Agent or Both)**

**Enter the Business ID#:** Enter the Business ID number on file with the New Mexico Secretary of State.

**First:** Enter the complete name of the limited liability company as registered.

**Second:** Enter the name of the current registered agent on file.

**Third:** Enter the street address of the current registered office, include city, state and zipcode.

**Fourth:** Enter the name of the new or successor registered agent.

**Fifth:** Enter the street address of the new or successor registered office, include city, state and zipcode.

**Sixth:** Select yes or no depending on whether the registered office and the principal place of business will be identical. If you select "No", please provide the address of the registered office of the limited liability company.

### **Execution of document:**

**Date:** Enter the date the documents were executed/signed.

**Name:** Enter the complete name of the limited liability company as registered.

**Signature:** Signature of the representative authorizing this change.

**Printed Name:** Enter printed name of the representative that has signed the document authorizing the change.

**Title:** Enter the title of the representative signing the document authorizing the change.



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**FILING FEE \$20.00**

**DOMESTIC LIMITED LIABILITY COMPANY  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT, OR BOTH**

Pursuant to the provisions of Section 53-19-5, of the New Mexico Limited Liability Company Act, the undersigned organization submits the following Statement for the purpose of changing its registered office or its registered agent, or both, in the State of New Mexico:

**Business ID #:** \_\_\_\_\_

**FIRST** - The name of the entity is: \_\_\_\_\_

**SECOND** - The name of the current registered agent is: \_\_\_\_\_

**THIRD** - The street address, city and zip code of its current registered office is: \_\_\_\_\_

**FOURTH** - The name of its successor registered agent is: \_\_\_\_\_  
(Completed Statement of Acceptance by Designated Successor Registered Agent must be attached to this form)

**FIFTH** - The street address, city and zip code to which its registered office is to be changed is: \_\_\_\_\_

**SIXTH** - The address of its registered office and the address of the business office of its registered agent, as changed, will be identical (please select one):  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

The address (street address, city and zip code) of registered office for the limited liability company, if different is: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Complete Name of limited liability company

By: \_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Title of Representative



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**Instructions for completing Form SOS-DLCCSOA  
(Statement of Acceptance of Appointment  
by Designated Successor Registered Agent)**

*Use only the signature lines that apply. If the individual box is used, the other box must be left blank, and vice versa.*

**Individual as Registered Agent (Box 1)**

On line one, enter the printed name of the individual designated as the successor Registered Agent. A limited liability company cannot be its own Registered Agent.

On line two, enter the complete name of the limited liability company, exactly as it is stated in **FIRST** on the Statement of Change of Registered Office or Registered Agent, or Both.

On line three, individual named as successor Registered Agent will sign.

**Corporation Acting as Registered Agent (Box 2)**

(If the Registered Agent named in the articles is an entity.)

On line one, enter the printed name of the authorized person who is signing on behalf of the corporation, limited liability company or partnership designated as the successor Registered Agent.

On line two, enter the name of the corporation, limited liability company or partnership listed as successor Registered Agent on the Statement of Change of Registered Office or Registered Agent, or Both.

On line three, enter the complete name of the limited liability company exactly as it is stated in **FIRST** on the Statement of Change of Registered Office or Registered Agent, or Both.

On line four, authorized person of entity appointed as successor Registered Agent will sign.

**DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY**



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

**Individual as Registered Agent (Box 1) complete this section:**

(If the following lines are used, Box 2 does not apply and must be left blank.)

I, \_\_\_\_\_,  
hereby acknowledge that the undersigned individual accepts the appointment as successor Registered Agent  
of \_\_\_\_\_,  
the limited liability company which is named in FIRST on the Statement of Change of Registered Office or  
Registered Agent, or Both.

\_\_\_\_\_  
(Sign on this line if the registered agent is an individual. If this line is signed, the box below does not apply and  
must be left blank.)

***Use only the signature lines that apply. If the individual box is used, the  
other box must be left blank and vice versa.***

**Corporation acting as a Registered Agent (Box 2) complete this section:**

(If the following lines are used, Box 1 does not apply and must be left blank.)

I, \_\_\_\_\_  
(Name of authorized person)  
of, \_\_\_\_\_  
(If the Registered Agent named in FIRST on the Statement of Change of Registered Office or Registered  
Agent, or Both is a corporation, limited liability company or partnership, and is the successor, type or print  
the name of that entity here.)

hereby acknowledge that the undersigned corporation accepts the appointment as the Successor Registered  
Agent

of \_\_\_\_\_

By \_\_\_\_\_  
(An authorized person of the entity being appointed as successor Registered Agent must sign here.)



New Mexico

# Secretary of State

Business Services Division

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## DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: \_\_\_\_\_

Mail to (Business or Personal Name): \_\_\_\_\_

Attention (if applicable): \_\_\_\_\_

Document Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please check to indicate how the documents are to be delivered**

**WILL PICKUP**

**MAIL TO ADDRESS ABOVE**

Please complete the information below if different from above.

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

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

**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 UP WITHIN THAT TIME FRAME.**

-- Thank You

**DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY**