

**FILING FEE \$10.00
NONPROFIT**

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

To: **SECRETARY OF STATE
Of the STATE OF NEW MEXICO:**

Pursuant to the provisions of Section 53-8-9, if a domestic nonprofit corporation, or 53-8-71, if a foreign nonprofit, corporation or 53-4-6.2, if a domestic cooperative corporation, or 3-29-17.2, if a Sanitary Project Act corporation, of the New Mexico Nonprofit Corporation Act, the undersigned corporation, organized under the laws of the State of _____, submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of New Mexico.

ARTICLE ONE: The name of the corporation is _____

ARTICLE TWO: The street address of its present registered office is _____

ARTICLE THREE: The street address (P.O. Box is unacceptable unless geographical location is given) and city to which its registered office is to be changed is _____

ARTICLE FOUR: The name of the present registered agent is _____

ARTICLE FIVE: The name of its successor registered agent is _____

ARTICLE SIX: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

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

Dated: _____

(Corporate Name)

By: _____
(Must be signed by an authorized officer)

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED SUCCESSOR REGISTERED AGENT

I, _____,

Hereby acknowledge the acceptance of appointment as Successor Registered Agent of

_____,

the Domestic Nonprofit Corporation, or Foreign Nonprofit Corporation, or Sanitary Project Act Corporation, or Cooperative Association, which is the successor registered agent.

(Sign on this line if the registered agent name in is the successor as an individual. If this line is signed, the two lines below do not apply and must be left blank.)

.....
CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

(If the registered agent is a corporation and is the successor, type or print the name of that corporation here.)

By _____

(An authorized officer of the corporation being appointed as registered agent must sign here and print name above)



New Mexico
Secretary of State
 Corporations Bureau

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

DOCUMENT DELIVERY INSTRUCTIONS

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: _____

DATE DROPPED OFF AT CORPORATIONS BUREAU: _____ TIME: _____
 - OR -
 DATE MAILED TO CORPORATIONS BUREAU: _____

Contact Business Name: _____

Contact Person Name: _____

Contact Email Address: _____

Contact Phone: _____

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:
 WILL PICKUP MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED 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. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY