



**FRANCISCO V. AGUILAR**  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

## Instructions for Registered Agent Acceptance or Statement of Change

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

- 1. ENTITY INFORMATION:** Enter the current name of the entity the Registered Agent is representing exactly as or to be filed with the Nevada Secretary of State; Enter the Entity Number or Nevada Business Identification Number (NVID) (this is for entities already on record).
- 2. REGISTERED AGENT ACCEPTANCE:** By checking the box in this section the Registered Agent is accepting the appointment for a newly formed entities. It may also be used for a reinstating, a reviving or an amending entity.
- 3. INFORMATION BEING CHANGED:** Indicate what type of change taking effect, by selecting one box.
- 4. REGISTERED AGENT INFORMATION BEFORE CHANGE:** Non-Commercial Registered Agents only, must complete the prior registered agent information on record. This filing is not to change to a separate registered agent but to update information due to a name change or change of address.
- 5. NEWLY APPOINTED REGISTERED AGENT OR REGISTERED AGENT INFORMATION AFTER CHANGE:** Indicate the type of Registered Agent by selecting one box and completing the name and address(es) in the fields as instructed on the form.
- 6. ELECTRONIC NOTIFICATION:** This section is optional for Non-Commercial or "Office or Position with Entity" registered agents only. Provide an email address if you wish to receive electronic notifications in lieu of notification via postal service.
- 7. CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT:** By signing, the registered agent listed is agreeing to accept appointment of registered agent. Must have the signature of the registered agent or person on behalf of registered agent entity.
- 8. SIGNATURE OF REPRESENTED ENTITY:** Must have the authorized signature of the entity the registered agent is representing.

**Filing maybe submitted Online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), or to the Office of the Secretary of State, by mail to the following addresses:**

**Carson City – Main Office**  
**Regular and Expedited Filings**

**Mail:**  
Secretary of State  
Commercial Recordings Division  
202 North Carson Street  
Carson City NV 89701-4201

**Phone:** 775-684-5708  
**Fax:** 775-684-5725

**General Inquires:** [sosmail@sos.nv.gov](mailto:sosmail@sos.nv.gov)

**Las Vegas – Satellite Office**  
**Expedited Filings Only**

**Mail:**  
Secretary of State  
North Las Vegas City Hall  
2250 Las Vegas Blvd. North, Suite 400  
North Las Vegas, NV 89030

**Phone:** 702-486-2880  
**Fax:** 702-486-2888

**General Inquires:** [soslvmail@sos.nv.gov](mailto:soslvmail@sos.nv.gov)



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## Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

**TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT**

<b>1. Entity information:</b>	Name of represented entity: <input style="width: 90%;" type="text"/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input style="width: 80%;" type="text"/>
<b>2. Registered Agent Acceptance:</b>	<input type="checkbox"/> Registered Agent Acceptance
<b>3. Information Being Changed:</b>	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
<b>4. Registered Agent Information Before the Change:</b> (Non-commercial registered agents <b>ONLY</b> )	<input style="width: 90%;" type="text"/> Name of Registered Agent <b>OR</b> Title of Office or Position with Entity <input style="width: 50%;" type="text"/> Nevada <input style="width: 15%;" type="text"/> Street Address City Zip Code <input style="width: 50%;" type="text"/> Nevada <input style="width: 15%;" type="text"/> Mailing Address (if different from street address) City Zip Code
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b>	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input style="width: 90%;" type="text"/> Name of Registered Agent <b>OR</b> Title of Office or Position within Entity <input style="width: 50%;" type="text"/> Nevada <input style="width: 15%;" type="text"/> Street Address City Zip Code <input style="width: 50%;" type="text"/> Nevada <input style="width: 15%;" type="text"/> Mailing Address (if different from street address) City Zip Code
<b>6. Electronic Notification:</b> (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input style="width: 90%;" type="text"/>
<b>7. Certificate of Acceptance of Appointment of Registered Agent:</b> (Required)	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>  <b>X</b> _____ <input style="width: 15%;" type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
<b>8. Signature of Represented Entity:</b> (Required)	<b>X</b> _____ <input style="width: 15%;" type="text"/> Authorized Signature On Behalf of the Entity Date

**FEE: \$60.00**

This form must be accompanied by appropriate fees.



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# ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

**Processing Requested:**

- Regular     
  24-HOUR Expedite     
  4-HOUR Expedite (Apostille only)  
 2-HOUR Expedite     
  1-HOUR Expedite     
  Same Day (Domestic Partnership only)

**Order Information** (required)

**Entity Name/Order Reference:** \_\_\_\_\_

**Cardholder Name** (as shown on credit card): \_\_\_\_\_

**Billing Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Last 4 Digits of Credit Card:** \_\_\_\_\_ **Card Type:**  VISA  MasterCard  Amex  Discover

**Authorized Amount Not to Exceed:** \_\_\_\_\_

By signing this form, I authorize a one time payment not to exceed the amount listed above to be charged to my credit card and to be paid to the State of Nevada. I certify that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

**Authorized Signature**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Credit Card Number:    _____</p> <p>2. Expiration Date:mm/yy   _____</p> <p>3. Security Code:*        _____</p> <p style="font-size: small;">*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.</p>	<p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>