



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Registered Agent List 2018 Amendment to Registration for Calendar Year 2018

Important: Read the following instructions before completing form

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Please type or print legibly in black ink.
2. One registered agent physical address per form.
3. Remit with **\$50.00** fee.
4. Other than registered agent name, *complete only the information that is being changed.*

This form is used to change information currently registered pursuant to NRS 77.305 on the Registered Agent Listing for the calendar year stated above. *This form cannot be used to alter any corporate filing.* Forms to amend information on a corporate filing may be found on our website listed above. Please contact our customer service division with any questions.

<p><u>Registered Agent Name:</u> Must state the full, legal name of the Registered Agent as listed in the Registered Agent List</p>											
<p>Please identify information being amended by checking appropriate box(es):</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Registered Agent Name</td> <td><input type="checkbox"/> Toll Free</td> </tr> <tr> <td><input type="checkbox"/> Contact Name</td> <td><input type="checkbox"/> Cell</td> </tr> <tr> <td><input type="checkbox"/> Street Address</td> <td><input type="checkbox"/> Fax</td> </tr> <tr> <td><input type="checkbox"/> Mailing Address</td> <td><input type="checkbox"/> Website Address</td> </tr> <tr> <td><input type="checkbox"/> Phone Number</td> <td><input type="checkbox"/> Email Address</td> </tr> </table>	<input type="checkbox"/> Registered Agent Name	<input type="checkbox"/> Toll Free	<input type="checkbox"/> Contact Name	<input type="checkbox"/> Cell	<input type="checkbox"/> Street Address	<input type="checkbox"/> Fax	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Website Address	<input type="checkbox"/> Phone Number	<input type="checkbox"/> Email Address
<input type="checkbox"/> Registered Agent Name	<input type="checkbox"/> Toll Free										
<input type="checkbox"/> Contact Name	<input type="checkbox"/> Cell										
<input type="checkbox"/> Street Address	<input type="checkbox"/> Fax										
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Website Address										
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Email Address										
<p>Specify information to be amended as it currently appears in the Registered Agent List:</p>											
<p>Specify information as amended with this filing:</p>											

I declare, to the best of my knowledge under penalty of perjury, that the above-mentioned entity has complied with the provisions of NRS 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Authorized Signature: **X** _____