Office of the Minnesota Secretary of State

Notice of Change of Registered Office/Registered Agent

Minnesota Statutes, Chapter 5.36

Read the instructions before completing this form. Note: See instructions for filing fees.

1. Entity Name: (Required)

2. New Registered Office Address:

Street Address *(A post office box by itself is not acceptable)* City | State **MN** | Zip Code

3. New Registered Agent:

If you do not wish to designate an agent, you must list "NONE" in this box. An entity formed under the laws of another jurisdiction must designate a registered agent in Minnesota. **DO NOT LIST THE ENTITY NAME**.

4. If the business entity has changed their agent or the registered office address, this change was authorized by a resolution approved by the affirmative vote of a majority of the governing body of the business entity as required by Section 5.36, Subd. 3. If the agent has changed their name or their address, then a copy of the change has been sent to the business entity or their legal representative as required by Section 5.36, Subd. 5. In compliance with Section 5.36, the address of the registered office and the address of the business office of the registered agent(s) are identical.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent | Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name | Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program..

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☐

Print | Reset

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

Note: Limited Partnerships are required to list the Agent's name, street and mailing address. Limited Liability Partnerships must file a Statement of Amendment to make changes to the Registered Office and Agent.

1. Fill in the name of the entity exactly as it appears in the original organizing document or subsequent amendments.

2. A registered office address in Minnesota is required. List the complete street address or rural route and rural route box number for the registered office address. A post office box by itself is not acceptable.

3. The registered agent accepts service of process or notice(s) sent to the entity. The registered agent must be a person residing in Minnesota, a Minnesota entity, or a foreign entity authorized to do business in this state. Do not list your entity name on this line, because an entity may not act as its own agent. An entity formed under the laws of another jurisdiction must designate a registered agent in Minnesota.

4. Minnesota Statutes require that an officer, representative, or authorized agent sign the form. (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).)

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

Filing Fee payable to the MN Secretary of State:

- Minnesota Business Corporations, Minnesota Cooperatives, and Minnesota and Foreign Liability Companies: $55 for expedited service in-person and online filings, $35 if submitted by mail
- Minnesota Nonprofit Corporations: No fee is due unless you are adding, removing or changing the agent, in which case $55 for expedited service in-person and online filings, $35 if submitted by mail
- Foreign Corporations, Foreign Cooperatives, and Foreign Nonprofits: $70 for expedited service in-person and online filings, $50 if submitted by mail

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)
Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.