CHANGE OF NAME OF REGISTERED AGENT
AND/OR
ADDRESS OF REGISTERED OFFICE
OKLAHOMA CORPORATION
(BY AGENT)

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

Filing Fee: $25.00

PLEASE NOTE:

- This form is used **only** by the **current registered agent** to amend his/her name or address. The form does **not** change the existing registered agent.

I hereby execute the following articles for the purpose of changing the name of the corporation's registered agent or address of the registered office, or both, in Oklahoma pursuant to the provisions of Title 18, Section 1024:

1. Name of the corporation:

---

2. Change of **Address** of Registered Agent:

   A) **CURRENT**: Street address of the registered office for service of process in the state of Oklahoma:

Street Address	City	State	Zip Code	County
		Oklahoma		

(P.O. BOXES ARE NOT ACCEPTABLE)

   B) **AS AMENDED**: Street address of the registered office for service of process in the state of Oklahoma:

Street Address	City	State	Zip Code	County
		Oklahoma		

(P.O. BOXES ARE NOT ACCEPTABLE)

3. Change of **Name** of Registered Agent:
   - This statement does **not** change the existing registered agent.

   A) **CURRENT:** Name of the registered agent for service of process in the state of Oklahoma:

   B) **AS AMENDED:** Name of the registered agent for service of process in the state of Oklahoma:

This statement must be signed by the current registered agent.

(COMPLETE ONLY THE ACKNOWLEDGEMENT WHICH APPLIES.)

INDIVIDUAL ACKNOWLEDGEMENT

- Signature: _____ Dated: _____

- Printed Name of Registered Agent: _____

  ❖ Registered Agent is an Individual, Limited Liability Company, or Limited Partnership.

CORPORATION ACKNOWLEDGEMENT

Signed this _____ day of _____, _____ by:

_____

Signature

_____

Printed Name and Title

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)