



**Wyoming Secretary of State**  
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Cheyenne, WY 82002-0020  
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For Office Use Only

## Foreign Nonprofit Corporation Application for Amended Certificate of Authority

Pursuant to W.S. 17-19-1504 of the Wyoming Nonprofit Corporation Act, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. A Certificate of Authority was issued to the corporation by the Wyoming Secretary of State on \_\_\_\_\_, (Date – mm/dd/yyyy), authorizing it to transact business in Wyoming and is presently registered under the name of:
  
2. Name of the corporation has been changed to:
  
3. State or country of incorporation has been changed to: \_\_\_\_\_ (State or country of incorporation)
  
4. Incorporated under the laws of: \_\_\_\_\_ (State or country of incorporation)
  
5. Date of incorporation: \_\_\_\_\_ (Date – mm/dd/yyyy)
  
6. Period of duration:  
(This is referring to the length of time nonprofit corporation intends to exist and not the length of time it has been in existence. The most common term used is “perpetual.” You may refer to your Articles of Incorporation or contact the Corporations Division in your state of incorporation for your period of duration.)
  
7. Principal office address:
  
  
8. Mailing address of the nonprofit corporation:
  
  
9. Name and physical address of its registered agent:  
(The registered agent may be an individual resident in Wyoming, a domestic corporation, or foreign corporation authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)

10. The names and usual business addresses of its current officers and directors:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President		
Vice President		
Secretary		
Treasurer		
Director		
Director		
Director		

11. Does this corporation have members?                      Yes                      No

12. If this corporation had been incorporated under the laws of the state of Wyoming, would it be:  
(Check appropriate choice.)

- a. Public benefit corporation
- b. Mutual benefit corporation
- c. Religious corporation

13. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5, of the Wyoming Constitution.

14. For name availability purposes list the type of business the nonprofit corporation will be conducting:

Date:  
(mm/dd/yyyy)

**Signature:** \_\_\_\_\_  
(May be executed by Chairman of Board, President or another of its officers.)

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Checklist

**Filing Fee: \$10.00** Make check or money order payable to Wyoming Secretary of State.  
The completed application must be accompanied by an **original CERTIFICATE OF EVIDENCE of the Amendment**, or a document of similar import, dated not more than sixty (60) days prior to filing in Wyoming. If the amendment involves a name change, the certificate must state the previous name and the new name along with the date of the amendment.  
For consistency the Secretary of State's Office will only keep one version of the agent's name on file. Please submit one **originally signed** document and one exact photocopy of the filing.  
**Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.**