



Wyoming Secretary of State
 State Capitol Building, Room 110
 200 West 24th Street
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Fax 307.777.5339
 Email: Business@wyo.gov

For Office Use Only

Statement of Change By Business Entity

1. Name of the business entity:

2. Name of current registered agent and physical address of current registered office:

Current Registered Agent:

Current Registered Office:

3. Name of new registered agent and physical Wyoming address of new registered office (cannot be a PO Box):

New Registered Agent:

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

New Registered Office:

Registered Agent Mailing

Address (if different than above):

4. I hereby certify that the new registered office and the registered agent comply with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

5. The mailing address of my business should be changed to reflect the new registered office address. Yes No

6. The principal address of my business should be changed to reflect the new registered office address. Yes No

7. After the changes are made, the physical address of the registered office and business office of the registered agent will be identical.

Signature: _____
(Shall be executed by an authorized individual)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Contact Person: _____

Title: _____ Daytime Phone: _____

Email: _____

Checklist

Filing Fee: Nonprofit Corporation - \$3.00 (by statute); All other business entities - No Fee

The Statement must be accompanied by a written consent to appointment executed by the registered agent.

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.



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Consent to Appointment by Registered Agent

I, _____, registered office located at _____
(name of registered agent)

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.