



New Mexico

Secretary of State

Business Services Division

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501

(800) 477-3632 · www.sos.state.nm.us

**SUBMIT ORIGINAL
TYPE OR PRINT LEGIBLY
\$10 FEE**

COOPERATIVE ASSOCIATION STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT

Pursuant to the provisions of the Cooperative Association Act the undersigned association submits the following statement for the purpose of changing its registered office or registered agent or both in the state of New Mexico:

The association's name and business ID# are: _____

The current registered agent's name and address are (Include the city, state and zip code. Must match what is currently on file):

The successor registered agent's name and address are (Include the city, state and zip code. The association **CANNOT** act as its own registered agent):

If different from the successor registered agent's address, the principal place of business address in NM is (Include the city, state and zip code):

The association's mailing address is (Can be anywhere. Include the city, state and zip code):

(Foreign associations only)

The office address in the association's domestic state is (Include the city, state and zip code):

The principal office address in the association's domestic state, or anywhere is (Include the city, state and zip code):

I declare that I have examined this statement, including accompanying statements, and to the best of my knowledge and belief, it is true and complete.

Dated: _____

By: _____
Member Signature

Printed Name

Member Signature

Printed Name



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STATEMENT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED SUCCESSOR REGISTERED AGENT

Complete Box 1 if the registered agent is an individual.
Complete Box 2 if the registered agent is a corporation.
Only complete the applicable box.

Box 1-Individual as Registered Agent

I, _____
(Registered Agent's Printed Name)

hereby acknowledge that the undersigned individual accepts the appointment of registered agent

of _____
(Association's Name)

the association which is named in the annexed statement.

By _____
(Registered Agent's Signature)

Box 2-Entity as Registered Agent. (The association **CANNOT** act as its own registered agent).

I, _____
(Authorized Person's Printed Name) (Authorized Person's Title)

of _____
(Registered Agent's/Business' Name)

hereby acknowledge that the undersigned individual accepts the appointment of registered agent

of _____
(Association's Name)

the association which is named in the annexed statement.

By _____
(Registered Agent's Signature)



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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY