

PLEASE MAIL COMPLETED FORMS TO:
SECRETARY OF STATE
CORPORATIONS BUREAU
325 DON GASPARE, SUITE 300
SANTA FE, NM 87501

FILING FEE \$10.00
NONPROFIT

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

To: **SECRETARY OF STATE:**

Pursuant to the provisions of Section 53-8-9, if a domestic nonprofit corporation, or 53-8-71, if a foreign nonprofit, corporation or 53-4-6.2, if a domestic cooperative corporation, or 3-29-17.2, if a Sanitary Project Act corporation, of the New Mexico Nonprofit Corporation Act, the undersigned corporation, organized under the laws of the State of _____, submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of New Mexico.

ARTICLE ONE: The name of the corporation is _____

ARTICLE TWO: The street address of its present registered office is _____

ARTICLE THREE: The street address (P.O. Box is unacceptable unless geographical location is given) and city to which its registered office is to be changed is _____

ARTICLE FOUR: The name of the present registered agent is _____

ARTICLE FIVE: The name of its successor registered agent is _____

ARTICLE SIX: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical. _____

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

Dated _____

By: _____
(Must be signed by an authorized officer)

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED SUCCESSOR REGISTERED AGENT

I, _____

Hereby acknowledge the acceptance of appointment as Successor Registered Agent of

the Domestic Nonprofit Corporation, or Foreign Nonprofit Corporation, or Sanitary Project Act Corporation, or Cooperative Association, which is the successor registered agent.

(Sign on this line if the registered agent name in is the successor as an individual. If this line is signed, the two lines below do not apply and must be left blank.)

.....
CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

(If the registered agent is a corporation and is the successor, type or print the name of that corporation here.)

By _____

(An authorized officer of the corporation being appointed as registered agent must sign here and print name above)



53-8-8. Registered office and registered agent.

Each corporation shall have and continuously maintain in this state

- A. a registered office which may be, but need not be, the same as its principal office; and
- B. a registered agent, which agent may be either an individual resident in New Mexico whose business office is identical with such registered office, or a domestic corporation, whether for profit or not for profit, or a foreign corporation, whether for profit or not for profit, authorized to transact business or conduct affairs in New Mexico, having an office identical with such registered office.

53-8-9. Change of registered office or registered agent.

A. A corporation may change its registered office or change its registered agent, or both upon filing in the office of the Secretary of State a statement setting forth:

- (1) The name of the corporation;
- (2) The address of its then registered office;
- (3) If the address of its registered office be changed, the address to which the registered office to be changed;
- (4) The name of its then registered agent
- (5) If its registered agent be changed;
 - (a) A statement executed by the successor registered agent in which the agent acknowledges acceptance of the appointment by the filing corporation as its registered agent, if the agent is an individual, or a statement executed by an authorized officer that is the successor registered agent in which the officer acknowledges the corporation's acceptance of the appointment by the filing corporation as its registered agent, if the agent is a corporation; and
 - (b) That the address of its registered office and the address of the office of its registered agent, as changed, will be identical;

B. The statement pursuant to the provisions of Subsection A of this section shall be executed by the corporation by an authorized officer of the corporation and delivered to the Secretary of State. If the Secretary of State finds that the statement conforms to the provisions of the Nonprofit Corporation Act, it shall file the statement in the office of the Secretary of State, and upon such filing, the change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective.

C. A registered agent of a corporation may resign as agent upon filing a written notice of resignation, including the original and a copy, with the Secretary of State. The copy may be a photocopy of the original after it was signed or a photocopy that is conformed to the original. The Secretary of State shall mail an endorsed copy to the corporation in care of an officer, who is not the resigning registered agent, at the address of the officer as shown by the most recent annual report of the corporation. The appointment of the agent shall terminate upon the expiration of thirty days after receipt of the notice by the Secretary of State.

53-8-10. Service of process on corporation.

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The registered agent appointed by a corporation shall be an agent of the corporation upon whom any process, notice or demand required or permitted by law to be served upon a corporation in any other manner now or hereafter permitted by law. Regulation 1.18-94: I provides that all information be typed or printed except for the signature of the executing officer.



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

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