

**FILING FEE \$10.00  
NONPROFIT**

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

To: **SECRETARY OF STATE  
Of the STATE OF NEW MEXICO:**

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: \_\_\_\_\_

\_\_\_\_\_  
(Corporate Name)

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)*