



STATE OF MONTANA

APPLICATION for AMENDED CERTIFICATE of AUTHORITY
of FOREIGN PROFIT CORPORATION [35-1-1029, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with an "F" and may be
referenced at <https://www.mtsosfilings.gov>.

Prepare, sign, and submit with an original signature and filing fee.

This is the minimum information required

(This space for Secretary of State use only)

Required Filing Fee: \$15.00

24 Hour Priority Handling check box and **Add \$20.00**

1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.

If the document is hand written, please print legibly or the application may be denied.

1. A certificate of authority was issued to the corporation by the Secretary of State of Montana authorizing it to transact business or conduct affairs in Montana under the current name of:

2. The corporate name has been changed to: _____
A profit corporation must contain "corporation," "company," "incorporated," "limited," or the abbreviations "corp.," "inc.," "co.," or "ltd."

3. Its period of duration has changed from: _____ to: _____

4. Its state, tribe, or country of jurisdiction has changed from: _____ to: _____

5. The business mailing address of its principal office: _____

City: _____ State: _____ Zip Code: _____

6. The name of the entity's Commercial Registered Agent for service of process in Montana:
(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)

Name: _____

Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:

Name: _____

Actual Street Address or Rural Route Box Number in Montana: **(Must be an actual geographic location.)**

City: _____ Zip Code: _____

And, a mailing address in Montana, if different:

City: _____ Zip Code: _____

Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.

7. The name, office held, and business mailing address of the current officers. (If a person holds more than one office, please indicate [i.e., President/Treasurer].) Add additional sheets if necessary.

Name	Office Held	Business Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Business Mailing Address
_____	_____
_____	_____
_____	_____
_____	_____

9. A description of the business the corporation is transacting: _____

10. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.

Signature of Presiding Officer of the Board of Directors, President, or other Officer Date

Printed Name Title

11. Daytime Contact: Phone _____ Email _____