



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

STATEMENT of CHANGE of REGISTERED AGENT by ENTITY
[35-7-108, MCA](#)

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

(This space for Secretary of State use only)

Required Filing Fee: None

- 24 Hour Priority Handling check box and **Add \$20.00**
- 1 Hour Expedite Handling check box and **Add \$100.00**

Folder ID Number: _____
The folder number begins with a "D, F, C, E" or "L" and may be referenced at <https://www.mtsosfilings.gov>.

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

1. The exact name of the entity: _____

2. The name and address of the registered agent as currently in effect:

Name: _____

Address: _____

3. The new name of the registered agent, if applicable: _____

4. The new address of the registered agent, if applicable:

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

City: _____ State: MT Zip Code: _____

And, a mailing address in Montana, if different:

City: _____ State: MT Zip Code: _____

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

5. **I HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Authorized Agent for Entity Date

Printed Name Title

6. Daytime Contact: Phone _____ Email _____