



FOR DIVISION USE ONLY

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Statement of Change**

**Domestic Limited Liability Company (AS 10.50)**

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Domestic Limited Liability Companies.
- The Statement of Change will not be filed if the official signing this form does not match an official on record for this entity and/or if your entity's biennial report is not current. To verify your entity information on record, go online to [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov), *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

<b>1. Important:</b>	AS 10.50.055-.065
<p>Per AS 10.50.055, each Domestic Limited Liability Company shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent AND a registered office (with an Alaskan physical location and an Alaskan mailing address) for the purpose of a registered agent's statutory requirements to receive service of processes, notices, or demands required or permitted by law to be served upon the limited liability company.</p> <p>Failure to meet registered agent requirements could result in involuntary dissolution of the entity's authority to transact business in the State of Alaska. — AS 10.50.408(a)(2),(3)</p> <p>For more registered agent information go to <a href="http://Corporations.Alaska.Gov">Corporations.Alaska.Gov</a>, <i>Registered Agents FAQs</i>.</p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.065(b)
<p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p>		

<b>3. Entity Information on Record with the State:</b>	AS 10.50.060(1)
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>	

**4. PREVIOUS Registered Agent Information on Record with the State:**

AS 10.50.060(2), (4)

PREVIOUS Registered Agent Name: \_\_\_\_\_

PREVIOUS Registered Agent Addresses:

→ PHYSICAL Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AK (mandatory) ZIP Code: \_\_\_\_\_

→ MAILING Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AK (mandatory) ZIP Code: \_\_\_\_\_

**5. NEW Registered Agent Information to be Updated with the State:**

AS 10.06.060(3), (5)

NEW Registered Agent Name: \_\_\_\_\_  
(Registered agent cannot be the entity listed in Item 3 on Page 1 and cannot be an LLC.)

If the new Registered Agent is an entity, provide its entity number: \_\_\_\_\_

NEW Registered Agent Addresses:

→ PHYSICAL Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AK (mandatory) ZIP Code: \_\_\_\_\_

→ MAILING Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AK (mandatory) ZIP Code: \_\_\_\_\_

**6. Authorization per Alaska Statute:**

AS 10.50.060(6)

The registered agent change was authorized by the company's manager, or, if the company is not managed by a manager, by the members. Per AS 10.50.860, a limited liability company is to keep and make available the record of the resolution.

**7. Required Signature:**

AS 10.50.840

The Statement of Change must be signed by: a member (per AS 10.50.840.(a)(2)) or a manager (per AS 10.50.840(a)(1)) currently on record; or an attorney-in-fact (per AS 10.50.840(c)). Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title of Authorized Signer:  Member  Manager  Attorney-in-fact

If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.



THE STATE  
of **ALASKA**

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



THE STATE of ALASKA

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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, Other (name change, wall certificate, fine, duplicate license, exam, etc.), and Total.

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: [ ] VISA — or — [ ] Mastercard

Signature of Credit Card Holder: \_\_\_\_\_

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VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.