State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Corporation Registration Information Change Form

Non-Refundable Processing Fee: $15.00　　　　　**Entity File Number:** _____

Entity Name: _____

For each Yes button that you mark the question will appear below for you to fill out.

1). **Do you want to Change the Business Purpose?** 　　　　　　　　　　　　**Yes**　　　　　　**No**

1). **If Yes, what is the new Business Purpose?** _____

2). **Do you want to Change the Registered Agent or the Address of the Registered Agent?** 　　**Yes**　　　**No**

2). **If Yes, who is the new Registered Agent, or the new Address of the Registered Agent?**

_____

The address must be listed if you have a non-commercial registered agent. See instructions for further details.

Address of the Registered Agent: _____
Utah Street Address Required, PO Boxes can be listed after the Street Address

City _____ State UT   Zip _____

3). **Do you want to Change the Principal Address of the Business Entity?** 　　　　　**Yes**　　　　**No**

3). **If Yes, what is the new Principal Address?**

Address: _____ City _____ State _____ Zip _____

4). **Do you want to Add individuals to the Business Entity?** 　　　　　　　　**Yes**　　　　**No**

4). **If Yes, who do you want to Add to the Business Entity and what Position will they hold?**

Name: _____ 　　Position: _____

Address: _____ City _____ State _____ Zip _____

Name: _____ 　　Position: _____

Address: _____ City _____ State _____ Zip _____

5). **Do you want to Remove individuals from the Business Entity?** 　　　　　**Yes**　　　　**No**

5). **If Yes, who do you want to Remove from the Business Entity and what Position do they hold?**

Name: _____ 　　Position: _____

Name: _____ 　　Position: _____

Name: _____ 　　Position: _____

6). **Do you want to Change the Address of the Business Entity's Principal(s)?** 　　　　**Yes**　　　**No**

6). **If Yes, who is the Principal(s) whose Address you wish to Change?**

Name: _____ 　　Position: _____

Address: _____ City _____ State _____ Zip _____

Name: _____ 　　Position: _____

Address: _____ City _____ State _____ Zip _____

Optional Inclusion of Ownership Information: This information is not required.

Is this a female owned business? 　　　　Yes　　　　　No

Is this a minority owned business? 　　　Yes　　　　　No　　　If yes, please specify: _____

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: _____ Signature: _____ Date: _____