



FORM **13**

**REGISTERED AGENT
and/or
REGISTERED OFFICE CHANGE**

ss. 178.0909, 179.046, 180.0502, 180.1508, 181.0502, 181.1508, 183.0105(3) & 183.1008, Wis. Stats

1. Name of the entity (including its registered or fictitious name, if so licensed):

2. The entity submitting this statement is organized under the laws of

Wisconsin **OR** _____ (name the foreign state or country)

<p>3. A <input type="checkbox"/> This statement is submitted for the purpose of changing the entity's REGISTERED AGENT in Wisconsin to be:</p> <p>_____</p> <p style="text-align: center;">New (or continuing) registered AGENT in Wisconsin</p>	<p>NO FEE</p>
<p>3. B <input type="checkbox"/> This statement is submitted for the purpose of changing the entity's REGISTERED OFFICE in Wisconsin to be:</p> <p>_____</p> <p style="text-align: center;">(complete street address of NEW registered office)</p> <p>_____, Wisconsin _____</p> <p style="text-align: center;">(City) (ZIP code)</p>	<p>\$10.00 FILING FEE</p>

4. The street address of the registered office and the business office of the registered agent, as changed or continued, are identical.

5. Executed on _____ (Date) _____ (Signature)

Select and mark (X) below the appropriate title of the person executing the document.

For a **corporation**
Title: President **OR** Secretary
or other officer title _____

_____ (Printed name)

For a **limited liability company**
Title: Member **OR** Manager

For a **limited liability partnership**
Title: Partner or Authorized Person
Indicate title: _____

For a **limited partnership**
Title: General Partner

Change by registered agent
Title: Registered Agent (continuing registered agent or registered agent in effect prior to any change of agent indicated above) **The corporation, limited liability company, limited liability partnership or limited partnership has been notified of the change.**

Office Use Only

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

(Ref. Sec. 178.0909, 179.046, 180.0502, 180.1508, 181.0502, 181.1508, 183.0105(3) & 183.1008(1), Wis. Stats., for document content)

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities

1. Enter the name of the entity. If the entity holds its certificate of authority or registration with the department under a registered or fictitious name, also list the registered or fictitious name.
2. Indicate the state under whose laws the corporation, limited liability company, limited liability partnership or limited partnership is incorporated, organized or registered.
3. **A** Enter the name of the new (or continuing) registered agent in Wisconsin. (NO FILING FEE)

The entity may not name itself as its own registered agent. The registered agent may be any of the following:

- A natural person who resides in Wisconsin and whose business office is identical to the registered office.
- A domestic or licensed foreign corporation, nonstock corporation, limited liability partnership, limited partnership, or limited liability company, whose business office is identical to the registered office.

3. **B** Enter the complete street address of the registered office, city (in Wisconsin) and ZIP code. PO Box addresses may be included as part of the address (if located in the same community), but are not sufficient alone. (FILING FEE \$10.00)
(Note: **If the registered office address is unchanged, do not complete this item.**)

4. This statement must affirm that the designated registered agent maintains its business office at the street address cited as the entity's registered office.

5. The statement requires the signature of one person. If for a corporation, by an officer. If for a limited liability company, by a member or manager. If for a limited liability partnership, by a partner or other authorized person. If for a limited partnership, by a general partner. If by the registered agent, it must be signed by the registered agent in effect **prior** to any change of registered agent indicated on this form. The registered agent is obliged to notify the corporation, limited liability company, limited liability partnership or limited partnership of this change. If the entity is in the control of a court-appointed receiver, trustee or fiduciary, by the fiduciary. Enter the date of execution and the name and title of the signer.