



ALABAMA DEPARTMENT OF REVENUE

BUSINESS & LICENSE TAX DIVISION

TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627

www.revenue.alabama.gov

Registered Agent/Change of Registered Agent/Registered Office

MAIL TO: Alabama Department of Revenue  
Tobacco Tax Section  
P.O. Box 327555  
Montgomery, AL 36132-7555

For the purpose of having and continuously maintaining a registered agent at a registered office **within the State of Alabama**, the undersigned submits the following statements of fact:

1. The exact name of the entity: \_\_\_\_\_

**Appointed/Newly Appointed Registered Agent Information**

2. The name of the appointed/newly appointed registered agent: \_\_\_\_\_

3. The street and mailing address of the appointed/newly appointed registered office (must be in Alabama):

\_\_\_\_\_  
\_\_\_\_\_

*(Include street name and number or physical location in addition to box number with the city and zip)*

Signature of consent of new agent (required if new or changed): \_\_\_\_\_

4. The name of the former registered agent: \_\_\_\_\_

5. The street and mailing address of the former registered office:

\_\_\_\_\_  
\_\_\_\_\_

*(Include street name and number or physical location in addition to box number with the city and zip)*

6. The undersigned further states that the street address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. By my signature, I, as an official of the above corporation, do state that I signed this statement on behalf of the corporation and that the statements contained therein are true, under penalty of law.

\_\_\_\_\_  
Signature of Officer or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of above Authorized Person