



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

# Registered Agent Web Listing

## Registration/Amendment Form for Calendar Year \_\_\_\_\_

### NRS 77.305

This filing completes the following:  Registration  Amendment  
 (If making changes to a current listing please mark the appropriate boxes of the information being changed.)

**TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**INSTRUCTIONS:**

1. Indicate the calendar year above.
2. One registered agent physical address per form.
3. Remit Registration with \$500.00 filing fee per office location of the registered agent.
4. Remit Amendment with \$50.00 fee.

The registration is used to list a natural person or corporation on our website listed above. The Amendment is used to change information currently registered on the Registered Agent Web Listing for the calendar year stated above. *This form is not considered a corporate filing, nor is it a necessary process in order to act as a registered agent. This form cannot be used to alter any corporate filing.*

<b>1. Name of Registered Agent:</b>	State full, legal name of the person or corporation willing to serve as registered agent: <input style="width: 90%;" type="text"/>	Changes: <input type="checkbox"/>																
<b>2. Contact Person:</b>	Name of contact person: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																
<b>3. Registered Agent Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 50%;" type="text"/></td> <td style="border: none;"><input style="width: 20%;" type="text"/></td> <td style="border: none;">Nevada</td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Street Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> <tr> <td style="border: none;"><input style="width: 50%;" type="text"/></td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Mailing Address (only if different from above)</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>	Street Address	City		Zip Code	<input style="width: 50%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	Mailing Address (only if different from above)	City	State	Zip Code	<input type="checkbox"/>
<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>															
Street Address	City		Zip Code															
<input style="width: 50%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>															
Mailing Address (only if different from above)	City	State	Zip Code															
<b>4. Phone Number(s):</b>	Indicate phone numbers to be listed, include area code and number: Office: <input style="width: 200px;" type="text"/> Toll Free: <input style="width: 200px;" type="text"/> Mobile: <input style="width: 200px;" type="text"/> Fax: <input style="width: 200px;" type="text"/>	<input type="checkbox"/>																
<b>5. Website:</b>	Indicate website address: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																
<b>6. Email:</b>	Indicate email address: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																
<b>7. Signature:</b> (Required)	I declare, to the best of my knowledge under penalty of perjury, that the above-mentioned entity has complied with the provisions of NRS 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <b>X</b> _____            Authorized Signature         </div> <div style="text-align: center;"> <input style="width: 100px; height: 20px;" type="text"/>            Date         </div> </div>																	



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# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

<b>Processing Service Requested:</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> 24-Hour Expedite (additional fee included)
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Name of Entity:  Date:

Return to:

Contact Name:  Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to:   Fax to:

Hold for Pick Up  Mail to Address Above  FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account:

Use balance remaining in job #

