

**STATE OF ALABAMA**

**FOREIGN ENTITY AMENDMENT TO REGISTRATION:  
CERTIFICATE/STATEMENT OF MERGER**

PURPOSE: In order to change the registration of a foreign entity (any entity formed outside of Alabama) to reflect a merger with another foreign entity, the entity must deliver to the Secretary of State for filing this form along with the duly certified copy of the certificate/statement of merger filed in the jurisdiction(s) where the entities were formed pursuant to Section 10A, Chapter 1, Articles 7 and 8, Code of Alabama 1975.

INSTRUCTIONS: Mail a signed original of this completed Amendment to Registration and the **filing fee of \$100.00** (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or you may email your application to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov). If you are sending this filing via email you may complete the email return on the payment form and receive a copy by return email. If you are mailing/couriering the application and would like an acknowledgement include a copy and postage paid self-addressed envelope. **Expedited processing is \$200.00** (a \$100.00 expedite fee plus the \$100.00 filing fee) and is completed within approximately 24 hours after receipt of the filing. The Amendment will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 NSF fee). **All processing instructions are complete in this form and Payment Option & Filing Instructions; cover letters are not necessary and will not be reviewed.**

(For SOS Office Use Only)

**The information completing this form must be typed.  
FAX submissions will not be acknowledged, processed, or returned.**

1. Information on the **merging entity** (this is the entity which will cease to exist):

Is the entity currently registered to do business in Alabama: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the Entity ID number issued by Alabama: \_\_\_\_\_ - \_\_\_\_\_ (Format 000-000) \*

Merging entity's state/country of formation: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):  
\_\_\_\_\_

\_\_\_\_ **Additional merging entities attached** – must provide same information as above.

2. Information on the **surviving entity** (this is the entity which will continue to exist):

Is the entity currently registered to do business in Alabama: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the Entity ID number issued by Alabama: \_\_\_\_\_ - \_\_\_\_\_ (Format 000-000) \*

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):  
\_\_\_\_\_

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**\*INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available (it is on the face of your original registration filing), you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

3. Surviving entity’s jurisdiction of formation: \_\_\_\_\_

4. Date of the surviving entity’s formation in state/country of jurisdiction: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM/DD/YYYY)

5. Any Amendments to the Surviving Entity's formation documents are listed (if there are none you may simply type “N/A” or “None”): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Add additional pages if necessary.

- 6. The undersigned certifies that the surviving foreign entity exists as a valid entity of the type stated in the registered name under the laws of the entity’s jurisdiction of formation.
- 7. The effective date of the merger – will be the date certified by the attached documents from the documents provided in item number 8.
- 8. A **copy** of the foreign entities’ certificate/statement of merger **duly certified** by the Secretary of State or other official having custody of business entity records in the state or other jurisdiction under whose law the entity is formed is attached (state of merging or surviving – both are not required). This requirement meets the requirement to show that laws in state of jurisdiction are met.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

In order to review the sections of the *Code of Alabama 1975* referred to in this filing form you may access [www.sos.alabama.gov](http://www.sos.alabama.gov) and click the Government Records tab. Choose the Code of Alabama link to review.

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. **Office personnel will not be able to search credit card or prepaid account transactions to help you balance your accounts.** Please do not use these options if you have problems collecting receipts from your filing agents. The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged by your card service provider (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested: \_\_\_\_\_ \$100.00 Foreign Registration Amendment/Merger filing fee

\_\_\_\_\_ \$100.00 Expedited Processing fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_

(Service providers who run couriers for pick-up)

**There is no notification service and there will not be a call for pick-up.**

Return via email (only one email): \_\_\_\_\_

**No paper copy will be sent if email is provided.**

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Street or PO

\_\_\_\_\_

City

State

Zip

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

**MUST be Signature of Card Holder**