



FORM **13**

STATEMENT OF CHANGE

Sec. [178.0909](#), [178.0911](#), [179.0118](#), [179.0120](#), [180.0502](#), [180.1508](#), [181.0502](#), [181.1508](#), [183.0116](#)
 or [183.0118](#), Wis. Stats.

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

2. **CURRENT** name and email address of the Registered Agent and the street address of the Registered Office on file with the Department, prior to the change.

Registered Agent Name		
Registered Agent Email		
Registered Office - Street Address	PO Box	
City	State/Province	Zip/Postal Code

3. **UPDATED** name and email address of the Registered Agent and the street address of the Registered Office, including any changes.

After this form is filed, the Department's records will be updated to reflect the name, email address, and Registered Office address entered below.

Registered Agent Name		
Registered Agent Email		
Registered Office - Street Address	PO Box	
City	State/Province	Zip/Postal Code

NOTE: The registered office address must be identical to the registered agent's business office and must be an actual physical location with a street address, and not solely a P.O. Box, mailbox service, or telephone answering service. The entity may not name itself as its own registered agent.

4. Indicate below whether this form is being filed by the entity identified above or by the entity's registered agent. **If filed by the entity**, the entity affirms that any newly designated registered agent has consented to serve as the entity's registered agent. **If filed by the entity's current registered agent**, the agent affirms that the entity has been notified of the change.

Filed by:

Registered Agent

Entity

See instructions at the end of this form regarding who may sign on behalf of the entity.

Executed on _____
(Date)

(Signature)

(Title)

(Printed name)

See instructions below regarding who may sign on behalf of the entity.

Contact Information:

Name

Mailing Address

City

State

Zip Code

Email Address

Phone Number

INSTRUCTIONS (Refer to sections [178.0909](#), [178.0911](#), [179.0118](#), [179.0120](#), [180.0502](#), [180.1508](#), [181.0502](#), [181.1508](#), [183.0116](#) or [183.0118](#), Wis. Stats., as applicable, for document content)

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 of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. 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) or by email at DFICorporations@dfi.wisconsin.gov.

Item 1. Enter the name of the entity. If the entity holds its certificate of authority or registration statement with the department under a fictitious name, also list the fictitious name.

Item 2. Enter the name and email address of the registered agent and the street address of the registered office as they currently appear in the Department's records, prior to making any changes using this form.

Item 3. Enter the updated name and email address of the registered agent and the street address of the registered office, including any changes. After filing, the Department's records will be updated to reflect the information provided in this section.

When updating this information, bear in mind the following requirements:

- The registered office must be located in Wisconsin.
- The registered office must be the business office of the registered agent.
- The registered office must be an actual physical location with a street address, and not solely a P.O. Box, mailbox service, or telephone answering service.

Annual report forms, notices and other official communications are directed to the corporation's registered agent, so it is important to keep this information current.

Item 4. Entities must obtain the consent of registered agents before naming them to serve in that capacity, and registered agents must notify the entity of changes to the agent's name, email address, or registered office address. By signing this document, the entity or agent filing this document affirms that the applicable requirements have been met.

Execution. If this document is being signed on behalf of an entity, certain signature requirements apply depending on the entity type:

Business Corporations: This document must be executed by an officer of the corporation, subject to two limited exceptions: (1) if directors have not been selected, it may be signed by an incorporator identified in the initial articles of incorporation; and (2) if the corporation is in the hands of a receiver, trustee or other court-appointed fiduciary, it may be signed by the fiduciary. Corporate directors are not authorized to sign this document in their capacities as directors. (A corporate director who also serves as an officer may sign the document, but that person must sign in their capacity as an officer of the corporation.)

Limited partnerships and limited liability limited partnerships: This document must be executed by a general partner.

All other entity types: This document must be signed by a person authorized by the entity.

Indicate the signer's title in the box indicated.