## New Jersey Division of Revenue

# CERTIFICATE of CHANGE of REGISTERED OFFICE &/or REGISTERED AGENT

(For Use by Domestic and Foreign, Profit and Non-profit Corporations)

CORPORATION NAMI	Ξ:					
STATE OF ORIGINAL	INCORPORAT	ION:				
IMPORTAN	T - INCLUDE	INFORM <i>A</i>	ATION ON BOTH THE	PRIOR AND NEW	AGENT	
PRIOR AGENT NAME:			NEW AGENT NA	NEW AGENT NAME:		
PRIOR AGENT STREET ADDRESS			NEW AGENT ST	NEW AGENT STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP	
				NJ		
			gistered office and the addr m were authorized by reso			
By (Signature of Officer)			Title (Type)			
Date:						
NOTE - This form must corporation.	be executed by	the chairma	an of the board, the preside	ent, or the vice preside	ent of the	
FEES: Change of Agent Name-\$25.00 Change of Agent Address-\$25.00 Change of Both-\$25.00				MAIL TO: NJ Divi PO Box Trentor		
Make checks payable to:	TREASURER	STATE of	NEW IERSEV (NO CAS	SH DI EASE)		

# Instructions for Form C-104G CERTIFICATE of CHANGE of REGISTERED OFFICE and/or REGISTERED AGENT (Titles 14A, 15A and 42:2A)

\*\*\*Form C-104G can be used for ALL corporations and limited partnerships\*\*\*

STATUTORY FEE: **\$25.00** The MANDATORY fields are:

#### **Business Name**

List the name as it appears on the records of the Treasurer.

#### Prior Agent Name

List the current agent name as it appears on the records of the Treasurer.

#### Prior Agent Office

List the current agent office as it appears on the records of the Treasurer.

#### New Agent Name

If you are changing the registered agent, list the new name; otherwise, leave this field blank.

#### New Office

If you are changing the registered office, list the new address; otherwise, leave this field blank. Provide a New Jersey **street address**. A PO box may be used only if the street address is listed as well

#### **ATTESTATIONS**

Add statements that indicate: 1) the address of its registered office and the address of its registered agent will be identical after the change is filed; and 2) the change is made pursuant to resolution of Board or membership. Form 104G provides these statements.

### EXECUTION (DATE/SIGNATURE)

Have the chairman, president, vice-president, or current registered agent sign. Also, list the date of execution (signature).

\* \* \* \* \* \* \* \* \* \*

These documents should be filed in duplicate. Non-profits should file in triplicate. Make checks payable to: TREASURER, STATE OF NEW JERSEY. (No cash, please)

Mail to: NJ Division of Revenue, PO Box 308, Trenton, NJ 08646