



Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Multiple Agent Name and Address Change

Form Must Be Typed

(1) Change Agent name or address for entities listing the agent indicated below as current Statutory Agent.

Filing Fee \$125.00 plus \$3.00 for each change

(2) Request to standardize name and/or address for Statutory Agent on record.

Filing Fee \$125.00

****Note: This form may not be used to appoint a new statutory agent. See instructions for more information.**

Current Agent Name

Note: If box 2 is checked, please provide each variation of the name on this line or as an attachment.

Current Agent's Address

Mailing Address

City

State

ZIP Code

Please note that the name of the agent can only be changed if: (1) The person who is agent has legally changed their name; or (2) the Agent is a corporation whose name has been legally changed on record with the Secretary of State's office.

Agent's New (legally changed) Name (if applicable)

Registrant's New Address (if applicable)

City

State

ZIP Code

Complete the information in this section if box (1) is checked

I hereby agree to pay the required fees associated with this two step process.

Two separate payments are required. The initial payment is \$125.00 which covers the cost of the service and the list generated. Upon reviewing the list, a second payment is due which is a fee of \$3.00 for every entity name/address being changed. The list must be returned within 30 days or the list is outdated, and the process must start over.

Authorized Signature

Print Name

Complete the information in this section if box (2) is checked

I hereby request the Secretary of State to standardize the name and address for the Statutory Agent indicated on page 1 as shown. I acknowledge that entities containing an agent address that are not a variation of the above address will not be changed. I also hereby request that the Secretary of State use the above address for future filings that name the above corporation or person as agent. I agree to use the assigned number issued by the Secretary of State to assist in the standardization process.

Authorized Signature

Print Name

Instructions for Multiple Agent Name and Address Change

This form should be used to change the current agent's name and/or address or to standardize the statutory agent's name and/or address. Please check box (1) to change the agent name and/or address. This **MAY NOT** be used to appoint a new statutory agent. It may **ONLY** be used to file a name change of the current agent or an address change of the current agent. For example, if the person has a legal name change then the agent may file this form to update the records or if the agent is a corporation and the corporation has changed its name (i.e. by amendment, merger, etc.) then the record may be updated by filing this form. If you would like to appoint a new statutory agent, then you must complete Form 521, Statutory Agent Update.

Please check box (2) if you desire to standardize the statutory agent's name and/or address. For example, the agent's name should be "Donald A. Duck, Esq." but it is also recorded in our office as "Donald Duck" and "Donald Duck, Attorney at Law," then the name should be properly recorded as the current agent name and our office will change all variations of the name to the correct current name. Furthermore, if the address should be "123 Main Street, Suite 100," but in other locations it is listed as "123 Main Street" or "123 Main Avenue," then our office will standardize all variations of the address so that it appears as written in the space provided for current agent address.

Current Agent Information

Please provide the name and address of the current statutory agent, as recorded in our office.

Information to Change the Statutory Agent's Name and/or Address (Box 1)

The agent's name and/or address may be changed by providing the new information on page 1 of the form. This form must also contain an authorized representative's signature, printed name, and date of signing. Upon filing this form and submitting payment for \$125.00, our office will produce a list of all possible business entities impacted by the change. Please return the listing to our office for final processing within **30 days**.

Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.06, 1782.04, 1705.06 and 1746.04, the statutory agent's address must be in Ohio.

Information to Standardize the Statutory Agent's Address (Box 2)

Please complete this information to authorize our office to standardize how the agent's name and address are recorded in our office. This form must be signed by an authorized representative of the entity. The filing fee of \$125.00 must be paid when the form is submitted to our office.

****Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**