



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.



Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.)

P.O. Box 1390 **Requires an additional \$100.00.**

Columbus, OH 43216

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

Agent Notification Form for Unincorporated Nonprofit Associations

Filing Fee: \$25

Form Must Be Typed

(1) Original Appointment of Agent (191-UNO)

(2) Change of Address of Agent (144-UNA)

(3) Resignation of Agent (153-UNR)

(4) Revocation and Appointment of New Agent (171-UNS)

Name of Unincorporated Nonprofit Association

Registration No. (if previously registered)

If box (1) is checked above, please complete the following information

Name and Address of Agent

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

Acceptance of Appointment

The Undersigned,

(Name of Statutory Agent)

, named herein as the

Statutory agent for

(Name of Business Entity)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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

New Address of Agent

Mailing Address

City

State

ZIP Code

Complete the information in this section if box (3) is checked.

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current of last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

ZIP Code

Complete the information in this section if box (4) is checked.

The above-named entity revokes the appointment of:

And hereby appoints the following:

Name of Current Agent

Name and Address of New Agent

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

Acceptance of Appointment

The Undersigned,

, named herein as the

(Name of Statutory Agent)

Statutory agent for

(Name of Business Entity)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent notification must be signed by a person authorized to manage the affairs of the unincorporated nonprofit association.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Instructions for Agent Notification Form for Unincorporated Nonprofit Associations

This form should be used for an unincorporated nonprofit association that wishes to file a statement in the office of the secretary of state appointing an agent authorized to receive service of process on behalf of the unincorporated nonprofit association. This form should also be used to update statutory agent information for an unincorporated nonprofit association that has previously filed a statement appointing an agent. Pursuant to Ohio Revised Code section 1745.13(A), the agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation that is licensed to do business in Ohio.

If an unincorporated nonprofit association is filing an original appointment of agent, please select box 1. If an unincorporated nonprofit association would like to change the address of the current agent, please select box 2. If the agent of an unincorporated nonprofit association would like to resign from the position, please select box 3. If an unincorporated nonprofit association would like to revoke the current agent and appoint a new agent, please select box 4.

Entity Information

If this is an original appointment of agent, the unincorporated nonprofit association must provide its name, as it wishes to appear on the records of the secretary of state. If this is a change of address of an agent, a resignation of agent, or a revocation and appointment of new agent, please provide the registration number of the unincorporated nonprofit association.

Original Appointment of Agent and Acceptance of Appointment

Please enter the name and address of the agent for the unincorporated nonprofit association. The agent must also sign the Acceptance of Appointment at the bottom of page 1.

Change of Address of an Agent

Please provide the new address of the existing agent.

Resignation of Agent

Pursuant to Ohio Revised Code section 1745.13(B), an agent may resign by filing this form, stating its intent to resign. On the date of filing this form with our office or prior to that date, the agent must send a copy of the resignation form to the current or last known address of the association's principal office. Thirty days after filing this form, the authority of the agent will terminate.

Revocation and Appointment of New Agent

Pursuant to Ohio Revised Code section 1745.13(C), an unincorporated nonprofit association may revoke the appointment of an agent and appoint another agent. The new agent must also sign the Acceptance of Appointment at the bottom of page 2.

Signature(s)

After completing all information on the filing form, please make sure to sign the form. The form must be signed by a person authorized to manage the affairs of the unincorporated nonprofit association.