



Amendment Order Form

Today's Date: _____ Name/Email: _____
Company: _____

Phone #: _____ Fax #: _____

Address for delivery of Documents _____

❖ Level of Service: Standard _____ Expedited _____ *Pricing and time will vary by State

❖ This Amendment is for a _____ State _____
(Corporation, LLC, PLLC, PC, LP, LLP, Not-for-Profit)

❖ Company Name _____

❖ The Original State of Formation is _____ Date Formed _____

❖ If this is a foreign entity please list the date of Qualification in this State _____

❖ Principle Business Address _____

❖ County _____

(Please choose one or more options for this Amendment.)

❖ Change the Company Name to (New Corpkit _____) _____

❖ Change the Service of Process Address to _____

❖ Change the Registered Agent to _____

❖ Change the County Location to _____

Director / Member / Manager / Information (You must have a minimum of one)

❖ Name _____ Title _____

❖ Name _____ Title _____

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