



# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

State Form 39034 (R8 / 3-07) Corporate Form No. 115

Approved by the State Board of Accounts, 2007

Indiana Code 23-1-49-4; 23-17-26-4

**TODD ROKITA**  
**SECRETARY OF STATE**

Mail to the following address:  
**BUSINESS SERVICES DIVISION**  
302 W. Washington St., Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

**NOTE:** An Original Certificate of Existence duly authenticated by the proper authority from the corporation's domiciliary state within the last sixty (60) days must be submitted with this application.

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
  2. Present original and one copy to address in upper right corner of this form.
  3. Please TYPE or PRINT.
  4. Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

**Filing Fee: \$ 30.00**  
Make check or money order payable to Secretary of State

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF

\_\_\_\_\_  
*Name of Corporation*

### A FOREIGN CORPORATION ADMITTED TO TRANSACTION BUSINESS IN INDIANA

The undersigned officers of \_\_\_\_\_

(hereinafter referred to as the "Corporation"), which exists pursuant to the provisions of the laws of \_\_\_\_\_

as amended, desire to obtain an Amended Certificate of Authority.

1. The above Corporation received a Certificate of Authority to transact business in the State of Indiana on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

2. The Corporation desires to change its corporate name in Indiana as follows:

\_\_\_\_\_

3. The Corporation has changed the period of its duration from \_\_\_\_\_ to \_\_\_\_\_.

4. The Corporation has changed the state or country of its incorporation from \_\_\_\_\_ to \_\_\_\_\_.

5. The Corporation has converted the entity type to a \_\_\_\_\_.

In Witness Whereof, the undersigned, being the \_\_\_\_\_ of said  
*Title*

Corporation executes this Application for Amended Certificate of Authority and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature

Printed name