

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_
  
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

By: \_\_\_\_\_  
Authorized Person(s)

Name: \_\_\_\_\_  
Print or Type

# Registered Agency Agreement

I, the undersigned, have neither requested nor received legal advice from CorporationsPlus (or parent company P & P Aviation, Inc.), its agents or employees. I, the undersigned, certify that I am an officer in the Delaware Corporation bearing the name: \_\_\_\_\_, and am requesting an official change of Registered Agent in the State of Delaware. I would like my new Registered Agent in Delaware to be CorporationsPlus (or parent company P & P Aviation, Inc.).

I understand that the fee charged today is for the filing of the certificate necessary to change a Registered Agent in the State of Delaware, for Registered Agency, and for mail forwarding. I understand that I will get unlimited US First Class Mail forwarded to me at no extra charge until the end of this calendar year.

I understand that I will receive an invoice for Registered Agency, Mail Forwarding, and the annual Delaware State Franchise Tax in January of every year, due and payable by January 31 of each year.

I understand that corporation filing and LLC formation in Delaware is of a perpetual nature. If ignored, the corporation will NOT go away. Should the need for a corporation no longer exist, the corporation must be dissolved in order for the annual charges to stop accruing both at the State and with the Registered Agent. In order to dissolve a corporation (or LLC) I must fill out dissolution papers and follow the proper dissolution procedure.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
PRINTED

\_\_\_\_\_  
DATED

The following address is to be used for mail forwarding:

\_\_\_\_\_  
NAME

Contact email address: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

Contact telephone #: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

TOTAL

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## Credit Card Payment Information

Please navigate to our website ([www.CorporationsPlus.com](http://www.CorporationsPlus.com)) and click on the big red PAY HERE. Please enter the information requested along with the payment amount (from the total above) and then email these completed forms to us at [Forms@CorporationsPlus.com](mailto:Forms@CorporationsPlus.com)

**PAY HERE**