

Please note: If it is more convenient we will happily take your order information via email in your own words or with your own prepared documents.

Our Order Forms are only a guide line of the information we will need to prepare the paperwork for filing and completing your order.

Attention: We now have available **Commercial and Personal Insurance** for all your needs - Workers Comp, Disability, Business, Property, Auto, Umbrella, etc...

Our professional customer service department is always available to answer any questions or assist with anything you need and can be reached via email info@acs123.com or phone [800-906-9220](tel:800-906-9220).



ALLSTATE CORPORATE SERVICES

Nationwide Corporate Filing & Research Services

Certificate of Amendment Service Order Form

Today's Date _____ Allstate Account # _____ Your Name _____

Your Firm / Name _____

Your Phone # _____ Your Fax # _____

Address for delivery of Corporate Documents _____

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1. Indicate Level of Service requested: Expedited _____ [or] Standard _____
An additional State Fee will apply for expedited services

2. You would like to file an Amendment for a _____ in State of _____
Options are: Corporation, LLC, PLLC, PC, LP, LLP, Not-for-Profit

3. Company Name _____
The name ending: Incorporated, Inc., Corporation, Corp., Limited, Ltd., Company, Co., Limited Liability Company, LLC, Limited Company, LC

4. The Original State of Formation is _____ Date Formed _____

5. If this is a foreign entity: The Date of Qualification in this State _____

6. Principle Business Address _____
_____ County _____

Please describe the Changes / Amendments you would like to make below & attach additional paperwork if necessary.

7a. Change the Company Name to (& New CorpKit) _____

7b. Change the Service of Process Address to _____

7c. Change the Registered Agent to _____

7d. Change the County Location to _____

7e. Change the Purpose to _____

Director / Member / Manager / Officer Information (You must have a minimum of one, who authorizes this Amendment)

8a. Name _____ Title _____

8b. Name _____ Title _____