

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**APPLICATION FOR AN AMENDED CERTIFICATE OF AUTHORITY BY A FOREIGN CORPORATION TO  
TRANSACTION BUSINESS IN THE STATE OF SOUTH CAROLINA**

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to Section 33-15-104 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of South Carolina and for that purpose submits the following statement:

1. The name of the corporation is:

1A. The above named corporation received a Certificate of Authority to transact business in South Carolina on \_\_\_\_\_.

2. This application is filed for the following reason (complete all applicable items):

- a.  The corporation has changed its corporate name as follows:
  
  
  
  
  
  
  
  
  
  
- b.  The corporation has changed its duration to \_\_\_\_\_.
- c.  The corporation has changed the state or country of its incorporation to \_\_\_\_\_.
- d.  The corporation has converted to \_\_\_\_\_.

3. The name of the corporation for the purpose of transacting business in South Carolina is (See Sections 33-4-101 and 33-15-106) and see Section 33-19-500(b)(1) if the corporation is a professional corporation

4. It is incorporated as (check applicable item)  a general business corporation,  a professional corporation under the laws of the state of \_\_\_\_\_

5. The date of its incorporation is \_\_\_\_\_ and the period of its duration is \_\_\_\_\_

6. The address of the principal office of the corporation in the jurisdiction of its incorporation is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Name of Corporation

7. The address of the registered office in the state of South Carolina is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) \_\_\_\_\_ South Carolina \_\_\_\_\_  
(Zip Code)

8. The name of the registered agent in this state at such address is

\_\_\_\_\_  
(Name)

9. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a)

\_\_\_\_\_  
(Director Name)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Director Name)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Director Name)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, Zip Code)

b)

\_\_\_\_\_  
(Principal Officer Name)

\_\_\_\_\_  
(Principal Officer Position)

\_\_\_\_\_  
(Address)

Name of Corporation

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Principal Officer Name)

\_\_\_\_\_  
(Principal Officer Position)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Principal Officer Name)

\_\_\_\_\_  
(Principal Officer Position)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

10. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class:

Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
_____	_____
_____	_____
_____	_____

11. Unless a delated date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230): \_\_\_\_\_

Date: \_\_\_\_\_

Name of Corporation:

\_\_\_\_\_  
Signature of Officer

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

\_\_\_\_\_  
Position of Officer

## FILING INSTRUCTIONS

1. Two copies of this application, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Schedule of Fees (payable at the time of filing this document)

Fee for filing Application	\$10.00
Filing Tax	<u>\$100.00</u>
Total (payable to the Secretary of State)	\$110.00

4. A certified copy of amendment or certificate of existence from domestic state must accompany form.
5. If the applicant corporation's domestic name is unavailable in South Carolina, then it must file a certified copy of the board of director's resolution approving the fictitious name along with this application pursuant to Section 33-15-106(a)(2). (additional \$10 filing fee)

Return to: Secretary of State  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201