



State of Utah  
 Department of Commerce  
 Division of Corporations & Commercial Code  
 Benefit Corporation Registration Information Change Form

Non-Refundable Processing Fee: \$15.00

Entity File Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_

**For each Yes button that you mark the question will appear below for you to fill out.**

1). Do you want to Change the Business Purpose? Yes  No

1). If Yes, what is the new Business Purpose? \_\_\_\_\_

2). Do you want to Change the Registered Agent or the Address of the Registered Agent? Yes  No

2). If Yes, who is the new Registered Agent, or the new Address of the Registered Agent?  
 \_\_\_\_\_

The address must be listed if you have a non-commercial registered agent. See instructions for further details.

Address of the Registered Agent: \_\_\_\_\_

**Utah Street Address Required, PO Boxes can be listed after the Street Address**

City \_\_\_\_\_ State UT Zip \_\_\_\_\_

3). Do you want to Change the Principal Address of the Business Entity? Yes  No

3). If Yes, what is the new Principal Address?  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4). Do you want to Add individuals to the Business Entity? Yes  No

4). If Yes, who do you want to Add to the Business Entity and what Position will they hold?  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5). Do you want to Remove individuals from the Business Entity? Yes  No

5). If Yes, who do you want to Remove from the Business Entity and what Position do they hold?  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_

6). Do you want to Change the Address of the Business Entity's Principal(s)? Yes  No

6). If Yes, who is the Principal(s) whose Address you wish to Change?  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Optional Inclusion of Ownership Information: This information is not required.**

Is this a female owned business? Yes  No

Is this a minority owned business? Yes  No  If yes, please specify: \_\_\_\_\_

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_