



**Statement of Change for  
Registered Agent and/or Registered Office**

FORM **13-1**

**INFORMATION AND INSTRUCTIONS**  
REQUIRED UNDER CHAPTERS [178](#), [179](#), [180](#), [181](#) & [183](#) WIS. STATS.

Form 13 is voluntary and may be used to file the STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE for Domestic and Foreign Limited Liability Partnerships, Domestic and Foreign Limited Partnerships, Domestic and Foreign Business Corporations, Domestic and Foreign Nonstock Corporations and Domestic and Foreign Limited Liability Companies. Department of Financial Institutions staff cannot provide legal advice regarding this form.

You may go online to the [Corporate Record Search](#) and enter in your company name; it will show you the type of entity you formed.

Be sure the statement is signed, dated and includes a check payable to the Department of Financial Institutions for the appropriate filing fee. (If applicable)

INSTRUCTIONS:

1. Enter the name of the entity. If the entity holds its certificate of authority or registration with the department under a registered or fictitious name, also list the registered or fictitious name.
2. Please indicate the state or country under whose law you are formed.
3. Identify all of your change(s) by checking one or more of the boxes.
  - a. Enter the name and e-mail address of the new registered agent in Wisconsin: Each entity shall continuously maintain in this state a registered agent. **THE ENTITY MAY NOT NAME ITSELF AS THE REGISTERED AGENT. (leave blank if no change)**
  - b. Enter in the new street address of the registered office, city (in Wisconsin) and ZIP code. PO Box addresses may be included as part of the address, but insufficient alone. **(Leave blank if no change.)**
4. Check this box to certify that the designated registered agent maintains its business office at the street address cited as the entity's registered office.
5. The person executing a document shall sign it, state his or her name and the capacity in which he or she signs and state the executed date. Any of the following persons may execute a document. Please check the appropriate box.

FOR A BUSINESS CORPORATION: An **officer** of the Domestic/Foreign Corporation. If directors have not been selected or the corporation has not been formed, an **incorporator** may sign. If the Domestic/Foreign Corporation is in the hands of a receiver, trustee or other court-appointed fiduciary then the **fiduciary** may sign.

FOR OTHER ENTITIES: An individual authorized by the entity.

CHANGE BY REGISTERED AGENT: The continuing registered agent or registered agent in effect prior to any change of agent indicated on Form 13. **The corporation, limited liability company, limited liability partnership or limited partnership must have been notified of this change.**

OPTIONAL INFORMATION:

**6. *Delayed Effective Date, If applicable:***

Subject to the conditions set forth in Chapters 178, 179, 180, 181 & 183 Wis. Stats., this document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.

**7. Enter your contact information; so we may send you an acknowledgement of this filing and/or contact you with any questions.**

**NONREFUNDABLE FILING FEE:** Make the **\$25.00** remittance payable to the Department of Financial Institutions. *Optional expedited service:* To receive expedited service you must check the box and submit the non-refundable expedited service fee of **\$25.00**, which is in addition to the filing fee required for this document to be processed. Expedited service provides that the document will be processed in an expeditious manner. If you need further assistance, you may contact the Department at (608) 261-7577.

*Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.*

**Mailing Address:**

State of WI-Dept. of Financial Institutions  
Box 93348  
Milwaukee WI 53293-0348

**Physical Address for Express Mail/Courier**

Department of Financial Institutions  
Division of Corporate & Consumer Services  
4822 Madison Yards Way, North Tower  
Madison WI 53705