



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## Foreign Profit Amendment Checklist

The attached application must be filled out in its entirety. All fields with an asterisk \* are required.

You must attach a Certificate of Good Standing issued by your domestic state **dated within 30 days** of being received and accepted by our office. Some states refer to it as a Certificate of Existence or Certificate of Fact.

You must attach a certified copy of the amendment that has taken place in your domestic state.

The filing fee is \$50. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

### **New Mexico Secretary of State**

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501

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**325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501**  
**PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081**  
**WWW.SOS.STATE.NM.US**



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Type or Print Legibly  
\$50 Filing Fee

**Foreign Profit Corporation**  
**Application for Amended Certificate of Authority**

The undersigned corporation, in order to apply for an Amended Certificate of Authority under the New Mexico Business Corporation Act, submits the following statement:

**1: \*The business ID number, name, and DBA name(s) of the corporation as currently registered, and the :**

\_\_\_\_\_

\*The Certificate of Authority was issued on the following date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2: \*The corporation is being amended as follows:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Executed Date:  
  
\_\_\_\_\_

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

\_\_\_\_\_  
\*Printed Name

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## Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip code

Email Address: \_\_\_\_\_

**All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.**

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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