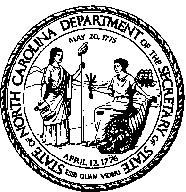
**Form SA-SAA** (Rev. 4/2018)



Elaine F. Marshall, Secretary of State

**State Agency Amendment 201**

**868**

# Previous Registration Information

State Agency:

Physical Business Address of State Agency:

Name and Title of State Agency’s Authorized Officer:

Mailing Address of State Agency’s Authorized Officer:

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

Telephone No. of State Agency’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of State Agency’s Authorized Officer:

# Amended Registration Information

Physical Business Address of State Agency:

Name and Title of State Agency’s Authorized Officer:

Mailing Address of State Agency’s Authorized Officer:

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

Telephone No. of State Agency’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of State Agency’s Authorized Officer:

|  |
| --- |
| **Certification of Amendment**      I hereby certify that all information disclosed in the “State Agency Amendment Statement” is true, complete, and correct in accordance with G.S. §120C-206(c).    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Officer Date |

|  |
| --- |
| **Preparer Information if Other than Authorized Officer**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Preparer Date |