

**Form 707**  
**(Revised 05/11)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709

**Filing Fee:** [See instructions](#)



This space reserved for office  
use.

**Amendment to Appointment  
of Statutory Agent**

**Entity Information**

The entity named below amends its appointment of an agent authorized to receive service of process which is on file with the secretary of state.

1. The name of the entity is:

2. The file number assigned by the secretary of state to the entity is: \_\_\_\_\_

3. The federal employer identification number issued to the entity is: \_\_\_\_\_

The entity does not have a federal employer identification number at this time.

4. The entity is: (Choose only one.)

A Texas financial institution filing pursuant to section 201.103, Texas Finance Code.

An unincorporated nonprofit association filing pursuant to section 252.011, Texas Business Organizations Code.

A defense base development authority filing pursuant to section 379B.004(b), Texas Local Government Code.

**Amendment to Agent Authorized to Receive Service of Process**

The entity amends the agent authorized to receive service of process in accordance with the information provided below. By signing this statement, the agent accepts and consents to the appointment and consents to serve as an agent to receive process on behalf of the entity.

Complete item 5A or 5B, but not both. Complete item 5C.

5A.  The agent is an organization (cannot be entity named above) by the name of:

**OR**

5B.  The agent is an individual resident of the state whose name is:

*First Name*

*M.I.*

*Last Name*

*Suffix*

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

5C. The street address of the agent to which service of process may be delivered or mailed is:

**TX**

*Street Address (No P.O. Box)*

*City*

*State Zip Code*

## Other Amendments

6.  The name of the entity is amended. The new name of the entity is: \_\_\_\_\_

7.  The principal office address of the entity is amended. The new principal office address is: \_\_\_\_\_

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Address	City	State	Country	Zip/Postal Code
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8.  The federal tax identification number is added or amended. The number is: \_\_\_\_\_

## Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

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

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Signature of authorized person

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Printed or typed name of authorized person (see instructions)

### Acceptance and Consent of Agent to Appointment (only required if agent information is amended)

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Signature of agent

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