**Form SA-**SAA (Rev. 12/04/2023)



Elaine F. Marshall, Secretary of State

State Agency Amendment 2024

Date

Signature of Preparer

**Preparer Information if Other than Liaison or Contact Person**

Date

Signature of Liaison or Contact Person

**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-200(c) and G.S. § 120C-206(c).

# Previous Registration Information (exactly as it appears on initial 2024 registration statement)

State Agency: Physical Business Address of State Agency (not a PO Box):

Name of State Agency Liaison:

Name and Title of State Agency Contact Person: Mailing Address of State Agency Contact Person:

Telephone No. of State Agency Contact Person: E-Mail Address of State Agency Contact Person:

# Amended Registration Information

Physical Business Address of State Agency: Name of State Agency Liaison:

Name and Title of State Agency Contact Person: Mailing Address of State Agency Contact Person:

Telephone No. of State Agency Contact Person: E-Mail Address of State Agency Contact Person: