



Elaine F. Marshall, Secretary of State
State Agency Amendment 2024

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: _____

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).

Signature of Liaison or Contact Person

Date

Preparer Information if Other than Liaison or Contact Person

Signature of Preparer

Date