



**Elaine F. Marshall, Secretary of State  
State Agency Amendment 2025**

**Previous Registration Information (exactly as it appears on initial 2025 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