

**STATE OF ALABAMA**

**FOREIGN GP STATEMENT OF CORRECTION**

PURPOSE: This Statement is to be used to correct an “incorrect” statement in a Foreign General Partnership Statement of Authority pursuant to 10A-1-7.06, Code of Alabama 1975.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the \$100.00 processing fee.

\*You may email the filing to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov)

\*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed or the request will be rejected without review.**

1. Alabama Entity ID Number (Format: 000-000-000): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER,** go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

2. The legal name of the foreign entity as currently registered with the Alabama Secretary of State:

\_\_\_\_\_

3. Specify the filing instrument to be corrected and the date of filing with the Secretary of State:

\_\_\_\_\_

4. Specify the incorrect information and the reason it is incorrect or the manner in which the signing was defective (specify attachment if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form was prepared by: (type name and full address)

**(For SOS Use Only)**

**FOREIGN GP STATEMENT OF CORRECTION**

5. Correct the incorrect information or defective signature (specify attachment if necessary):

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\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed name **and** title of signature below

\_\_\_\_\_  
Signature of person authorized to sign per 10A-1-4.01

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or return email address, you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(ex: 000-000-000)

Service Requested:  \$100.00 Correction filing fee

Return via email: \_\_\_\_\_

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.**

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr.: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**