



COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE

Division of Corporations
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Trust)

ABT

Pursuant to the provisions of KRS Chapter 386, the undersigned applicant applies to amend a certificate of authority, and for that purpose, submits the following statements:

- 1. The name of the business trust is...
(The name must be identical to the name on record with the Secretary of State.)
2. The business trust filed holds a certificate of authority to transact business in Kentucky dated...
3. The business trust has changed its (check all that apply)
- Name to...
- The latest date on which it is to dissolve to...
- Jurisdiction of organization to...

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Trustee Printed Name of Trustee Title Date

**FILING INSTRUCTIONS**  
**AMENDED CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS TRUST**

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**QUALIFICATION DATE**

State the name and date the business trust registered in Kentucky.

**CHANGE OF NAME, DISSOLUTION DATE, OR JURISDICTION**

State the name as changed in the state or country of organization. If the date of dissolution has changed please indicate the date. If the state or country has changed indicate the name of the state or country.

**WHO MAY SIGN**

The document must be signed by a trustee.

**DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

**ADDITIONAL ARTICLES OR NEED TO MODIFY THE EXISTING FORM**

If this form does not comply with what you wish to file (ie: additional articles, signatures, etc.), please disregard this form and send a drafted executed copy of the document according to the KRS statute noted on the form to the address below.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Trey Grayson  
Office of the Secretary of State  
PO Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.