



# State of California Secretary of State

## Supplement to Statement By Foreign Lending Institution

(For filing with the California Secretary of State  
pursuant to California Corporations Code section 2104.)

This space for filing use only

\_\_\_\_\_, a  
(Present Name of Foreign Lending Institution)

\_\_\_\_\_, organized and existing under the laws of  
(If a corporation, so state; if not, state kind of organization)

\_\_\_\_\_, hereby states:  
(State or place of incorporation/organization)

1. That its name has been changed to that hereinabove set forth and that the name relinquished at the time of such change was:

\_\_\_\_\_  
(Last Previous Name of Foreign Lending Institution)

2. That the address to which any notice or process may be sent in the manner and with the effect as required by California Corporations Code section 2111, has been changed to:

Numbered Street Address	City	State or Country	Zip Code
_____	_____	_____	_____

By: \_\_\_\_\_  
(Signature of Person Signing)

\_\_\_\_\_  
(Typed Name and Title of Person Signing)

### Instructions for Completing this Supplement to Statement by Foreign Lending Institution

- When to File:** After filing your annual Statement by Foreign Lending Institution (Form LL-25) with the California Secretary of State, you should file this Supplemental Statement to report any changes to the name of the foreign lending institution and/or to the address of the principal place of business to which notice or process may be sent. Note: Your annual Statement by Foreign Lending Institution (Form LL-25) *must be filed on or before June 30th each year.*
- Where to File:** This Supplemental Statement can be mailed to Secretary of State, Business Filings Section, 1500 11th Street, 3rd Floor, Sacramento, CA 95814 or delivered in person (drop off) at the Sacramento office.
- Fees:** There is no fee for filing this Supplemental Statement. However, a non-refundable \$15.00 special handling fee is applicable for processing documents delivered in person (drop off) at the Sacramento office. The preclearance and/or expedited filing of a document *within a guaranteed time frame* can be requested for an additional non-refundable fee in lieu of the special handling fee. For detailed information about preclearance and expedited filing services, go to [www.sos.ca.gov/business/be/service-options.htm](http://www.sos.ca.gov/business/be/service-options.htm). The special handling fee or preclearance and expedited filing services are not applicable to documents submitted by mail. Check(s) should be made payable to the Secretary of State.
- Copies:** To get a copy of the filed document, include a separate request and payment for copy fees when the document is submitted. Copy fees are \$1.00 for the first page and \$.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.



# Mail Submission Cover Sheet

### Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-times](http://www.sos.ca.gov/business/be/processing-times).

### Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

### Contact Person: (Please type or print legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

### Entity Information: (Please type or print legibly)

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

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return Address:** For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [ \_\_\_\_\_ ]

Company:

Address:

City/State/Zip: [ \_\_\_\_\_ ]

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