

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE CHANGE OF NAME

RELIGIOUS CORPORATION OR RELIGIOUS SOCIETY

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION	WILL BE SENT TO THIS ADDRESS):	FILING FEE: \$20 MAKE CHECKS PAYABLE TO "SECRETARY
NAME:		OF STATE"
ADDRESS:		
CITY:		
STATE:	ZIP:	
THE UNDERSIGNED HEREB	Y CERTIFIES THAT	,
1. AT A MEETING OF		A (RELIGIOUS SOCIETY)
(RELIGIOUS CORPORATIO	ON), WARNED AND HELD FOR THIS	PURPOSE, IT WAS VOTED TO CHANGE THE
NAME OF SAID (RELIGIOU	JS SOCIETY) (RELIGIOUS CORPORA	TION) TO
2. THE UNDERSIGNED IS THE PERSON AUTHORIZED BY SAID (RELIGIOUS SOCIETY) (RELIGIOUS CORPORATION) TO EXECUTE THIS CERTIFICATE.		
DATED AT	THIS	DAY OF
NAME & TITLE (CLERK, SEC	RETARY OR OTHER OFFICER) [PLE	EASE TYPE OR BLOCK PRINT]
SIGNATURE		
	BOX UNACCEPTABLE)	
RESIDENCE ADDRESS: (P.O.E	BOX UNACCEPTABLE)	
RESIDENCE ADDRESS: (P.O.	BOX UNACCEPTABLE)	
RESIDENCE ADDRESS: (P.O.	BOX UNACCEPTABLE)	
RESIDENCE ADDRESS: (P.O.B. ADDRESS:	BOX UNACCEPTABLE) ZIP:	
RESIDENCE ADDRESS: (P.O.B. ADDRESS:		
RESIDENCE ADDRESS: (P.O.E ADDRESS: CITY: STATE:		
RESIDENCE ADDRESS: (P.O.E ADDRESS: CITY: STATE:	ZIP:	
RESIDENCE ADDRESS: (P.O.E ADDRESS: CITY: STATE: STATE OF CONNECTICUT)	ZIP:	
RESIDENCE ADDRESS: (P.O.B. ADDRESS: CITY: STATE: STATE OF CONNECTICUT) COUNTY OF)	ZIP:	
RESIDENCE ADDRESS: (P.O.B. ADDRESS: CITY: STATE: STATE OF CONNECTICUT) COUNTY OF)	ZIP: SS:	TITLE
RESIDENCE ADDRESS: (P.O.S. ADDRESS: CITY: STATE: STATE OF CONNECTICUT) COUNTY OF PERSONALLY APPEARED	ZIP: SS: NAME	TITLE

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