

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

CHANGE OF AGENT'S ADDRESS

DOMESTIC OR FOREIGN - ALL ENTITIES

C.G.S. § 33-661; 33-927; 33-1051; 33-1217; 34-13b; 34-38p; 34-243o; 34-243q; 34-408; 34-429; 34-507; 34-532

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEET(S) IF NECESSARY.

USE INK. COMPLETE ALL SECTIONS. PRIN	I OR TIPE. ATTACH 6"- X TI SI	HEET (3) IF NECE	SSART.	
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):			FILING FEE: \$50	
NAME.			EXCEPTION: \$20.00 FILING FEE FOR	
NAME:			NONSTOCK (NONPROFIT) CORPORATIONS & LIMITED PARTNERSHIPS.	
MAILING ADDRESS:			MAKE CHECKS PAYABLE TO "SECRETARY	
			OF THE STATE"	
CITY:				
STATE:	ZIP:			
	REQUIRED: (INCLUDE BUSI	INESS DESIGNAT	TION I.E., L.L.C., LLC, INC, ETC. MUST MATCH	
OUR RECORDS EXACTLY)				
2. STATE/COUNTRY OF FORMATION IF OTHER THAN CONNECTICUT - REQUIRED:				
3. CURRENT AGENT NAME - REQUIRED: (MUST MATCH OUR RECORDS EXACTLY)				
BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)		CONNECTICUT RESIDENCE ADDRESS:		
` <u> </u>		(P.O.BOX UNACCEPTABLE)		
STREET:	S	STREET:		
OLT) (NITA		
CITY:		CITY:		
STATE: Z	IP: S	STATE:	ZIP:	
CONNECTICUT MAILING ADDRESS		: (REQUIRED FO	R ALL LLC'S AND DOMESTIC STOCK	
<u>CORPORATIONS</u>): (P.O.BOX IS ACCEPTABL STREET OR PO BOX:	E)			
STREET OR FO BOX.				
CITY:	STATE:		ZIP:	
4. EXECUTION: (SUBJECT TO PENAL)	TY OF FALSE STATEMENT)			
DATE (MM/DD/YYYY)				
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATOR		SIGNATURE (required)	

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CHANGE OF AGENT'S ADDRESS

Domestic or Foreign - All Entities

Filing Fee: \$50.00

[EXCEPTION: \$20.00 Filing Fee for Non-Stock (non-Profit) Corporations & Limited Partnerships]

Make checks payable to "Secretary of the State"

INSTRUCTIONS

- 1. Name of business entity: Please provide the name of the business entity as it appears on the records of the Secretary of the State.
- 2. State/Country of formation: Please provide the business entity's state or country of formation.
- 3. <u>Current agent name</u> and new address information: This form may **not** be used to appoint a NEW agent. Please provide the name of the CURRENT agent. If the agent is a natural person, provide the complete street address of his or her business and CT residence. (If no business address, MUST state "NONE".) If the agent is a business entity, it must provide the address of its principal office in the block designated for "Business address" and any person signing on its behalf must include his or her title on the signature line.

In addition, a Connecticut mailing address is required for all Limited Liability Companies and Domestic Stock Corporations (P.O.BOX is acceptable).

4. Execution: The document must be executed/signed by an authorized official of the business entity. That person must print or type his/her name, state the capacity/title under which he/she signs and provide a signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

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