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

Foreign (FORMED OUTSIDE OF CONNECTICUT) All Entities

 $C.G.S.~\S\S~33-927;~33-1217;~34-38p;~34-243n;~34-408;~34-429;~34-532$

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADD	DESC!	FILING FEE: \$50	
FILING FARTT (CONFIRMATION WILL BE SENT TO THIS ADD	KE33).	, , , , , , , , , , , , , , , , , , ,	
NAME:		EXCEPTION: \$20.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS & LIMITED PARTNERSHIPS.	
MAILING ADDRESS:		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
		OF THE STATE	
CITY:			
STATE: ZIP:			
STATE. ZIP.			
1. NAME OF BUSINESS ENTITY IN STATE OR COUNTRY OF FORMATION:			
2. THE NAME UNDER WHICH THE BUSINESS ENTITY TRANSACTS BUSINESS IN CONNECTICUT, IF DIFFERENT FROM NAME STATED IN NUMBER 1 ABOVE, (IF APPLICABLE):			
DIT ERENT I ROW NAME STATED IN NOMBER TABOVE, (II AFFEIGABLE).			
A ATATEIONINTRY OF FORMATION			
3. STATE/COUNTRY OF FORMATION:			
4. APPOINTMENT OF NEW AGENT FOR SERVICE OF PROCESS: THE BUSINESS ENTITY MAY NOT BE			
APPOINTED AS ITS OWN AGENT; HOWEVER A P			
CONNECTICUT MAY BE THE AGENT. (CHECK A C	COMPLETE B <u>OR</u> SEE	#5 IF APPLICABLE)	
☐ A. THE BUSINESS ENTITY APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS/ HER SUCCESSORS IN OFFICE TO BE ITS AGENT, UPON WHOM ANY PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED.			
B. IF AGENT IS AN INDIVIDUAL:			
DRINT OR TYPE FULL LEGAL NAME.			
PRINT OR TYPE FULL LEGAL NAME:			
BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	CONNECTICUT RES	SIDENCE ADDRESS:	
(<u>IF NONE, MUST STATE "NONE"</u>)	(P.O.BOX UNACCEPTAB	<u>LE</u>)	
STREET:	STREET:		
CITY:	CITY:		
STATE: ZIP:	STATE:	ZIP:	
SIGNATURE ACCEPTING APPOINTMENT: X			
COUNTRY AND ALL THIS ALL ON THE LATE. A			

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(DO NOT COMPLETE 4C IF AGENT APPOINTED AT 4A OR 4B)			
C. IF AGENT BUSINESS:			
PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:			
CONNECTICUT BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)			
STREET:			
CITY:			
STATE:	ZIP:		
SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:			
x			
PRINT NAME & TITLE:			
5. CONNECTICUT MAILING ADD	RESS OF REGISTERED AGENT :(RE	QUIRED FOR FOREIGN LIMITED	
LIABILITY COMPANIES ONLY) (P.O. BOX IS ACCEPTABLE)			
STREET OR PO BOX:			
CITY:	710.		
STATE:	ZIP:		
6. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)			
DATE (MM/DD/YYYY)			
·		CICNIATUDE	
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE	

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INSTRUCTIONS

- 1. Please provide the complete name of the business entity.
- 2. Provide the complete name under which the business entity transacts business in Connecticut as it currently appears on the records of the Secretary of the State if other than the name stated in item number 1.
- 3. Please provide the business entity's state or country of formation.
- 4. The business entity may appoint either:
 - A. The Secretary of the State

OR

B. Any individual who is a resident of Connecticut, including a principal of the business entity. (An individual must provide the complete street address of his/her business (if none, <u>must</u> state "none") and a Connecticut residence Address. <u>Agent must sign accepting the appointment</u>.

OR

- A Connecticut corporation, limited liability company, limited liability partnership or statutory trust
- A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office
- The business must provide a Connecticut business address in Box 4B.
- Print the name & title under the signature of the individual signing acceptance on behalf of the business agent.
- 5. A foreign limited liability company <u>must</u> provide the agent's Connecticut mailing address (if the Secretary of the State is <u>not</u> appointed agent).
- 6. The document must be executed/signed by an authorized official of the business entity. That person must print or type their name, state the capacity/title under which they sign 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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