# 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 NAME BY REGISTERED AGENT DOMESTIC OR FOREIGN LIMITED LIABILITY COMPANY

C.G.S. §§ 34-243q

NOTE: This form is to be used <u>ONLY</u> when an agent name is changed. If a <u>NEW</u> agent is being appointed, use the Change of Agent form.

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
MAILING ADDRESS:		
CITY:		
STATE:	ZIP:	
STATE:	ZIP:	

**1. NAME OF LIMITED LIABILITY COMPANY -** <u>**REQUIRED**</u>: (INCLUDE BUSINESS DESIGNATION I.E., L.L.C., LLC, 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)

4. (CHECK/COMPLETE AS APPLICABLE)

THE CURRENT AGENT/ INDIVIDUAL'S LEGAL NAME HAS CHANGED TO:

THE CURRENT AGENT/ BUSINESS ENTITY'S LEGAL NAME HAS CHANGED TO: (MUST MATCH OUR RECORDS EXACTLY)

5. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

### DATE (MM/DD/YYYY)

NAME OF AGENT (print/type)	CAPACITY/TITLE OF SIGNATORY (if applicable)	SIGNATURE (required)

## CHANGE OF AGENT'S NAME BY REGISTERD AGENT

Domestic or Foreign - Limited Liability Company

Filing Fee: \$50.00

Make checks payable to "Secretary of the State"

#### INSTRUCTIONS

1. Name of the Limited Liability Company. Please provide the name of the Limited Liability Company as it appears on the

records of the Secretary of the State.

2. State/Country of formation: Please provide the Limited Liability Company's state or country of formation.

 Provide the name of the current agent (must match the Secretary of the State's records exactly). This form may <u>not</u> be used to appoint a <u>NEW</u> agent.

4. Provide the current agent's new legal name. If the agent is an individual, select the appropriate box and complete. If the agent is a business entity e.g. Corp or LLC, etc, select the appropriate box and provide the entity's new name. NOTE: The new name <u>must</u> match the records of the Secretary of the State exactly.

5. Execution: The document must be executed/signed by the registered agent of the Limited Liability Company. That person must print or type his/her name, state the capacity/title under which he/she signs (if applicable) 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

#### MAILING ADDRESS:

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

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