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

SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE

DOMESTIC LIMITED PARTNERSHIP

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)*:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $20

MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

1. NAME OF LIMITED PARTNERSHIP:

THE ABOVE LIMITED PARTNERSHIP APPOINTS AS ITS STATUTORY AGENT FOR SERVICE, ONE OF THE FOLLOWING:

2A. NAME OF NATURAL PERSON WHO IS RESIDENT OF CONNECTICUT:

BUSINESS ADDRESS: *(P.O.BOX UNACCEPTABLE)*

ADDRESS:

CITY:

STATE: ZIP:

RESIDENCE ADDRESS: *(P.O.BOX UNACCEPTABLE)*

ADDRESS:

CITY:

STATE: ZIP:

B. NAME OF ENTITY:

ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT: *(P.O.BOX UNACCEPTABLE)*

ADDRESS:

CITY:

STATE: ZIP:

3.AUTHORIZATION:

DATED THIS _____ DAY OF _____, 20 _____

NAME OF GENERAL PARTNER (print or type)	SIGNATURE

4.ACCEPTANCE:

NAME OF STATUTORY AGENT FOR SERVICE (print or type)	SIGNATURE

FORM LPAC-1-1.0 Rev. 7/2010