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

DOMESTIC (DOMESTIC FORMED IN CONNECTICUT)
ALL ENTITES

C.G.S. § 33-661; 33-1051; 34-13b; 34-243n; 34-408; 34-507

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

NAME:

MAILING ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $50

EXCEPTION: *$20.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS & LIMITED PARTNERSHIPS.*

MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

1. NAME OF ENTITY - REQUIRED: *(MUST MATCH OUR RECORDS EXACTLY. INCLUDE BUSINESS DESIGNATION I.E. L.L.C., LLC, INC, ETC.):*

2. APPOINTMENT OF NEW AGENT: *(COMPLETE A OR B, NOT BOTH)*

☐ **A. IF AGENT IS AN INDIVIDUAL:**

PRINT OR TYPE FULL LEGAL NAME:

BUSINESS ADDRESS *(P.O.BOX UNACCEPTABLE)*
IF NONE, MUST STATE "NONE"

STREET:

CITY:

STATE: ZIP:

CONNECTICUT RESIDENCE ADDRESS
(P.O.BOX UNACCEPTABLE)

STREET:

CITY:

STATE: ZIP:

CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT : ***(REQUIRED FOR LIMITED LIABILITY COMPANIES ONLY):***
(PO BOX IS ACCEPTABLE)

STREET OR PO BOX:

CITY:

STATE: ZIP:

SIGNATURE ACCEPTING APPOINTMENT: X _____

NOTE: DO NOT COMPLETE 2B IF 2A IS COMPLETED

☐ **B. IF AGENT IS A 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 OF PERSON SIGNING ON BEHALF OF AGENT:

_____

CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT : ***(REQUIRED FOR LIMITED LIABILITY COMPANIES ONLY):***
(PO BOX IS ACCEPTABLE)

STREET OR PO BOX:

CITY:

STATE: ZIP:

3.EXECUTION: *(SUBJECT TO PENALTY OF FALSE STATEMENT)*

DATE (MM/DD/YYYY) _____

NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

INSTRUCTIONS

1. **Name of entity:** Please provide the complete name of the business entity, as it appears on the records of The Secretary of the State. Include business designation (i.e. LLC, Inc, etc.) (MUST MATCH OUR RECORDS EXACTLY)

2. Appointment of new agent: The business entity may appoint either:

   A. 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 or her business (**If none, MUST state "NONE"**) and a Connecticut residence address. **Appointed agent must sign acceptance of appointment**.

   or

   B. Any of the following business types, on record with this office:
   - 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 2B.
   - Print the name & title under the signature of the individual signing acceptance on behalf of the business agent.

NOTE: The entity may **NOT** appoint itself as its registered agent.

NOTE: LLC's must provide a Connecticut mailing address of appointed agent.

If the entity at line 1 is a domestic/Connecticut Limited Liability Company, it must provide the agent's Connecticut mailing address (which may be a PO BOX).

3. **Execution:** The document must be executed/signed by an authorized official of the business entity. That person must print or type his or her full legal name, state the capacity/title under which he/she signs and provide his/her 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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