



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. §§ 33-927; 33-1217; 34-38p; 34-224; 34-408; 34-429; 34-532

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

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>FILING FEE: \$50</p> <p>EXCEPTION: \$20.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS & LIMITED PARTNERSHIPS.</p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
<p>1. NAME OF BUSINESS ENTITY IN STATE OR COUNTRY OF FORMATION:</p>	
<p>2. THE NAME UNDER WHICH THE BUSINESS ENTITY TRANSACTS BUSINESS IN CONNECTICUT, IF DIFFERENT FROM NAME STATED IN NUMBER 1 ABOVE, IF APPLICABLE:</p>	
<p>3. STATE/COUNTRY OF FORMATION:</p>	
<p>4. APPOINTMENT OF NEW AGENT FOR SERVICE OF PROCESS: THE BUSINESS ENTITY MAY NOT BE APPOINTED AS ITS OWN AGENT; HOWEVER A PRINCIPAL OF THE BUSINESS ENTITY RESIDING IN CONNECTICUT MAY BE THE AGENT. (CHECK A OR COMPLETE B)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> B. NAME OF AGENT (SEE INSTRUCTIONS):</p> <p style="text-align: center;">SIGNATURE ACCEPTING APPOINTMENT (IF AGENT IS A BUSINESS ALSO PRINT NAME AND TITLE OF PERSON SIGNING.):*</p>	
<p>BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>CONNECTICUT RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>

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

DATED THIS _____ **DAY OF** _____ , **20** _____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

Large empty rectangular area for additional text or signatures.

INSTRUCTIONS

1. **Name of business entity in state or country of formation:** Please provide the complete name of the business entity.
2. **The name under which the business entity transacts business in Connecticut:** 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. **State/Country of formation:** Please provide the business entity's state or country of formation.
4. **Appointment of NEW agent for service of process:** 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 or her business and a Connecticut residence address. **If none, MUST state "NONE"**) **or** 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 4B.
 - 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.

5. **Execution:** 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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