



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

CHANGE OF AGENT

DOMESTIC (formed in Connecticut)

All Entities EXCEPT Limited Partnerships

- Use ink. • Print or type.
- Attach additional 8½ x 11 sheets if necessary.

<p>FILING PARTY <i>(Confirmation will be sent to this address):</i></p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>FILING FEE: \$50</p> <p>Exception: \$20 <i>for nonstock (nonprofit) corporations.</i></p> <p><i>Make checks payable to "Secretary of the State"</i></p>										
<p>1. NAME OF ENTITY - <u>REQUIRED</u>: <i>(Must match our records exactly. Include business designation such as LLC, Inc., etc.)</i></p>											
<p>2. APPOINTMENT OF NEW AGENT: <i>(Complete A or B, not both)</i></p> <p><input type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL:</p> <p>PRINT OR TYPE FULL LEGAL NAME:</p>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">BUSINESS ADDRESS <i>(No P.O. Box)</i></td> <td style="width: 50%; border: none;">CONNECTICUT RESIDENCE ADDRESS <i>(No P.O. Box)</i></td> </tr> <tr> <td colspan="2" style="border: none;">Check box if no business address:</td> </tr> <tr> <td style="border: none;">STREET:</td> <td style="border: none;">STREET:</td> </tr> <tr> <td style="border: none;">CITY:</td> <td style="border: none;">CITY:</td> </tr> <tr> <td style="border: none;">STATE: ZIP:</td> <td style="border: none;">STATE: CT ZIP:</td> </tr> </table>		BUSINESS ADDRESS <i>(No P.O. Box)</i>	CONNECTICUT RESIDENCE ADDRESS <i>(No P.O. Box)</i>	Check box if no business address:		STREET:	STREET:	CITY:	CITY:	STATE: ZIP:	STATE: CT ZIP:
BUSINESS ADDRESS <i>(No P.O. Box)</i>	CONNECTICUT RESIDENCE ADDRESS <i>(No P.O. Box)</i>										
Check box if no business address:											
STREET:	STREET:										
CITY:	CITY:										
STATE: ZIP:	STATE: CT ZIP:										
<p>CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT: <i>(Required for all LLCs and domestic stock corporations) (P.O. Box is acceptable)</i></p> <p>STREET OR PO BOX:</p> <p>CITY:</p> <p>STATE: CT ZIP:</p>											
<p>SIGNATURE ACCEPTING APPOINTMENT: ► _____</p>											

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: *(Must match our records exactly. Include business designation such as LLC, Inc., etc.)*

CONNECTICUT BUSINESS ADDRESS *(No P.O. Box)*

STREET:

CITY:

STATE: **CT**

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

▶ _____

PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF AGENT:

CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT: *(Required for all LLCs and domestic stock corporations) (P.O. Box is acceptable)*

STREET OR PO BOX:

CITY:

STATE: **CT**

ZIP:

3. EXECUTION / SIGNATURE: *(Subject to penalties of false statement)*

DATE SIGNED: ___ / ___ / ____

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 such as 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 check box provided**) 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.

** The business name must match our records exactly and include a business designation such as LLC, Inc., etc.*

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

NOTE: LLC's and Domestic Stock Corporations must provide a Connecticut mailing address of appointed agent.

3. **Execution/Signature:** 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/signature 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:

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

DELIVERY ADDRESS:

BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE, SUITE 1000
HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov