



Secretary of the State of Connecticut

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

OFFICE USE ONLY
(label)

CHANGE OF AGENT NAME BY REGISTERED AGENT

LIMITED LIABILITY COMPANY –
DOMESTIC OR FOREIGN

- Use ink. • Print or type.
- Attach additional 8 ½ x 11 sheets if necessary.

IMPORTANT NOTE: This form is to be used only when the name of the current agent is being changed. If a new agent is being appointed to replace the current agent, use the “Change of Agent” form instead.

FILING PARTY (confirmation will be sent to this address): NAME: MAILING ADDRESS: CITY: STATE: ZIP:	FILING FEE: \$50.00 Make checks payable to “Secretary of the State”
1. NAME OF LIMITED LIABILITY COMPANY (required) (Name must exactly match the name on record with the Secretary of the State and must include the business designation, e.g. L.L.C., LLC, etc.)	
2. STATE / COUNTRY OF FORMATION IF NOT FORMED IN CONNECTICUT (required):	
3. AGENT’S CURRENT NAME (required): (Name must exactly match the name on record with the Secretary of the State)	
4. NAME CHANGE (required) (Check and complete A or B, not both): A. THE CURRENT AGENT IS <u>AN INDIVIDUAL</u> WHOSE LEGAL NAME HAS BEEN CHANGED TO: B. THE CURRENT AGENT IS <u>A BUSINESS ENTITY</u> WHOSE LEGAL NAME HAS BEEN CHANGED TO:	
5. EXECUTION / SIGNATURE (required) (subject to penalties of false statement): A. NAME OF AGENT (hand print or type): B. AGENT’S SIGNATURE: C. CAPACITY/TITLE OF SIGNATORY (complete <u>only if agent is a business entity</u> ; otherwise, leave blank): D. DATE SIGNED (mm/dd/yyyy): ____ / ____ / ____	

**CHANGE OF AGENT'S NAME BY REGISTERED AGENT
LIMITED LIABILITY COMPANY, DOMESTIC OR FOREIGN**

INSTRUCTIONS

Numbers correspond to numbers on the form

**DO NOT USE THIS FORM TO APPOINT A NEW AGENT.
USE THE "CHANGE OF AGENT" FORM INSTEAD.**

1. **Name of the Limited Liability Company.** 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:** Provide the name of the state or country where the Limited Liability Company was formed.
3. **Current Agent's Name:** Provide the current agent's name. The name provided must exactly match the name on file with the Secretary of the State.
4. **Change of Agent's Name:** If the agent is an individual, select Box A and provide the individual's new legal name. If the agent is a business entity (e.g. Corporation, LLC, etc.), select Box B and provide the entity's new legal name. NOTE: The new name must exactly match the entity's name in the records of the Secretary of the State.
5. **Execution/Signature:** The document must be executed/signed by the registered agent of the Limited Liability Company. That person must print or type his/her name, sign and date it, and, if the agent is a business, the person signing on behalf of the entity must also indicate the capacity/title under which he or she is authorized to sign.

NOTE: 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:

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

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