



# Secretary of the State of Connecticut

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OFFICE USE ONLY  
(Label)

## CHANGE OF BUSINESS ADDRESS DOMESTIC OR FOREIGN - All Entities

- USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b> NAME: ADDRESS: CITY: STATE: ZIP: EMAIL: TELEPHONE NUMBER:	<b>FILING FEE: \$50</b>  <u><b>EXCEPTION</b></u> No fee if <u>only</u> changing business <u>email address</u>  Make checks payable to "Secretary of the State"	
<b>1. NAME OF BUSINESS ENTITY (<u>REQUIRED</u> - Name provided must exactly match the business name on file with our office, including the business designation (e.g., LLC, Inc., Corporations, etc.):</b>		
<b>2. PRINCIPAL OFFICE ADDRESS OF BUSINESS (<u>REQUIRED</u> - Must be a street address. A P.O. Box is acceptable as additional information only):</b> ADDRESS: CITY: STATE: ZIP:		
<b>3. MAILING ADDRESS OF BUSINESS (<u>REQUIRED</u> - Street address or P.O. Box):</b> ADDRESS: CITY: STATE: ZIP:		
<b>4. EMAIL ADDRESS OF BUSINESS:</b>		
<b>5. EXECUTION / SIGNATURE OF AUTHORIZED OFFICIAL (<u>REQUIRED</u> - Subject to penalties of false statement):</b> DATE SIGNED (mm/dd/yyyy): _____ / _____ / _____		
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
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