



Secretary of the State of Connecticut

PHONE: 860-509-6003 Website: business.ct.gov Email: bsd@ct.gov

CHANGE OF AGENT

FOREIGN (formed outside of Connecticut)

All Entities EXCEPT Limited Partnerships - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

FILING PARTY (Confirmation will be sent to this address): NAME: ADDRESS: CITY: STATE: ZIP Code: Email: Telephone Number:		FILING FEE: \$50 Exception: \$20 for nonstock (nonprofit) corporations. Make checks payable to "Secretary of the State"
1. NAME OF BUSINESS ENTITY IN STATE OR COUNTRY OF FORMATION: (Must match our records exactly. Include business designation such as LLC, Inc., etc.)		
2. THE NAME UNDER WHICH THE BUSINESS ENTITY TRANSACTS BUSINESS IN CONNECTICUT, IF DIFFERENT FROM NAME STATED IN NUMBER 1 ABOVE: (If applicable)		
3. STATE/COUNTRY OF FORMATION:		
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 entity residing in Connecticut may be the Agent.) NOTE: Check/Complete either 4A or 4B or 4C – not all three. Also, foreign LLCs must complete section 5. 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. B. IF AGENT IS AN INDIVIDUAL: PRINT OR TYPE FULL LEGAL NAME:		
BUSINESS ADDRESS: (No P.O. Box) Check box if no business address: STREET: CITY: STATE: ZIP Code:	CONNECTICUT RESIDENCE ADDRESS: (No P.O. Box) STREET: CITY: STATE: CT ZIP Code:	
SIGNATURE ACCEPTING APPOINTMENT: ► _____		



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NOTE: Do not complete 4C if 4A or 4B is completed.

C. C. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

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

STREET:

CITY:

STATE: **CT**

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:



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

5. CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT: *(Required for foreign limited liability companies only. (P.O. Box is acceptable)*

STREET OR PO BOX:

CITY:

STATE: **CT**

ZIP:

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

DATE SIGNED: ____ / ____ / ____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

INSTRUCTIONS

1. Please provide the complete name of the business entity as it currently appears on the records of the Secretary of the State, including business designation such as LLC, Inc., etc.
2. 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. Please provide the business entity's state or country of formation.
4. 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/her business (if none, must check box) and a Connecticut residence Address.) Agent must sign accepting the appointment.

OR

 - 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 & capacity/title under the signature of the individual signing acceptance on behalf of the business agent.
5. **A foreign limited liability company must provide the agent's Connecticut mailing address (if the Secretary of the State is not appointed agent).**
6. 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/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: business.ct.gov