



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

CHANGE OF AGENT NAME BY REGISTERED AGENT

LIMITED LIABILITY COMPANY - DOMESTIC OR FOREIGN

- USE INK. PRINT OR TYPE. ATTACH 8 1/2" 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 CODE:

EMAIL:

TELEPHONE NUMBER:

FILING FEE: \$50

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 AN INDIVIDUAL WHOSE LEGAL NAME HAS BEEN CHANGED TO:**

☐ **B. THE CURRENT AGENT IS A BUSINESS ENTITY WHOSE LEGAL NAME HAS BEEN CHANGED TO:**

5. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement):

A. **NAME OF AGENT** (print or type): _____

B. **AGENT'S SIGNATURE** (print or type): ► _____

C. **CAPACITY / TITLE OF SIGNATORY** (complete only if agent is a business entity; 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:

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

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CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE, SUITE 1000
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