

## SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: WWW.concord-sots.ct.gov

## SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE

## FOREIGN LIMITED PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

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FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRES	FILING FEE: \$20
NAME:	MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
ADDRESS:	OF THE STATE
CITY:	
STATE: ZIP:	
1.NAME OF LIMITED PARTNERSHIP:	
PLEASE CHECK SECTON 1 OR SECTION 2: Section 1.	
The Limited Partnership appoints the Secretary of the State of upon whom all process, in any action or proceeding against it, may process against it which is served on the Secretary of the State sh served on the Limited Partnership, and that this appointment shall outstanding against the Limited Partnership in Connecticut.  Section 2.  The Limited Partnership appoints the natural person or entity any action or proceeding against it, may be served. The Limited P served on said agent shall be of the same legal force and validity appointment shall continue in force as long as any liability remains Connecticut.  COMPLETE ONLY ONE: A OR B:	named below to be its agent upon whom all process, in Partnership agrees that any process against it which is as if served on the Limited Partnership and that such
A. NAME OF NATURAL PERSON WHO IS RESIDENT OF	CONNECTICUT:
BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:

FORM LPFAC-1-1.0 Rev. 7/2010

B. EXACT NAME OF ENTITY:		ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT: (P.O.BOX IS UNACCEPTABLE)		
		ADDRESS:		
		0.77.4		
		CITY: STATE:	ZIP:	
		STATE.	ZIF.	
3. AUTHORIZATION:				
DATED THIS	DAY OF _		, 20	
TYPE OR PRINT NAME OF GEI	NERAL PARTNER	SIGNATURE		
4. ACCEPTANCE:				
PRINT OR TYPE NAME OF STATUTORY AGENT FOR SERVICE		SIGNATURE OF S	TATUTORY AGENT FOR SERVICE	
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