



Secretary of the State of Connecticut

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

SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE

DOMESTIC LIMITED PARTNERSHIP - 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: \$20 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED PARTNERSHIP:		
THE ABOVE LIMITED PARTNERSHIP APPOINTS AS ITS STATUTORY AGENT FOR SERVICE, ONE OF THE FOLLOWING:		
2A. NAME OF NATURAL PERSON WHO IS RESIDENT OF CONNECTICUT:		
BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:	
B. NAME OF ENTITY:		
ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT: (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:		
3.AUTHORIZATION:		
DATED THIS _____ DAY OF _____, 20____		
NAME OF GENERAL PARTNER (print or type)	SIGNATURE	
4.ACCEPTANCE:		
NAME OF STATUTORY AGENT FOR SERVICE (print or type)	SIGNATURE	