



# Secretary of the State of Connecticut

**PHONE:** 860-509-6003 **WEBSITE:** [business.ct.gov](http://business.ct.gov) **EMAIL:** [bsd@ct.gov](mailto: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.**

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		<b>FILING FEE: \$20</b> <i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>
<b>1. NAME OF LIMITED PARTNERSHIP:</b>		
<i>THE ABOVE LIMITED PARTNERSHIP APPOINTS AS ITS STATUTORY AGENT FOR SERVICE, ONE OF THE FOLLOWING:</i>		
<b>2A. NAME OF NATURAL PERSON WHO IS RESIDENT OF CONNECTICUT:</b>		
<b>BUSINESS ADDRESS:</b> (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:		<b>RESIDENCE ADDRESS:</b> (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:
<b>B. NAME OF ENTITY:</b>		
<b>ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT:</b> (P.O.BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP CODE:		
<b>3. AUTHORIZATION:</b>		
DATED THIS _____ DAY OF _____, 20_____		
NAME OF GENERAL PARTNER (print or type)		SIGNATURE
<b>4. ACCEPTANCE:</b>		
NAME OF STATUTORY AGENT FOR SERVICE (print or type)		SIGNATURE