



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'S ADDRESS - [Accessible Version Available](#)

DOMESTIC OR FOREIGN ALL ENTITIES - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

IMPORTANT NOTE: Do not use this form to appoint a NEW agent. To appoint a new agent, complete the Change of Agent Form (for Domestic or Foreign entities, as applicable).

FILING PARTY (confirmation will be sent to this address): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$50.00 Exceptions: \$20.00 for Limited Partnership and Nonstock (nonprofit) Corporations. Make checks payable to "Secretary of the State"
1. NAME OF BUSINESS ENTITY (required) (name provided must exactly match the name of the entity as it appears on the records of the Secretary of the State and include the appropriate business designation, (e.g., LLC, Inc., Corporation, etc.):		
2. STATE/COUNTRY OF FORMATION IF OTHER THAN CONNECTICUT (required) :		
3. NAME AND ADDRESS OF CURRENT AGENT (required) (name provided must exactly match the name on record with the Secretary of the State):		
BUSINESS ADDRESS: (P.O. Box is NOT acceptable) STREET: CITY: STATE: ZIP CODE: <i>check box if no business address</i>	CONNECTICUT RESIDENCE ADDRESS: (P.O. Box is NOT acceptable) STREET: CITY: STATE: CT ZIP CODE:	
4. CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT (required for all LLCs and Domestic stock corporations only) (P.O. Box <u>IS</u> acceptable): STREET OR P.O. BOX: CITY: STATE: ZIP CODE:		
5. EXECUTION (required) (subject to penalties of false statement): DATE (mm/dd/yyyy): _____		
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE (required)
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CHANGE OF AGENT'S ADDRESS FORM

Domestic or Foreign -All Entities

IMPORTANT NOTE: Do not use this form to appoint a *NEW* agent. To appoint a new agent, complete the *Change of Agent Form (for Domestic or Foreign entities, as applicable)* instead.

NUMBERS CORRESPOND TO THE SECTION NUMBERS ON THE FORM

INSTRUCTIONS

1. **NAME OF BUSINESS ENTITY.** Provide the name of the business entity as it appears on the records of the Secretary of the State.
2. **STATE OR COUNTRY OF FORMATION.** Provide the business entity's state or country of formation.
3. **NAME and ADDRESS OF CURRENT AGENT.** Provide the name of the business entity's CURRENT agent.
--If the agent is a natural person, provide the complete street address of the agent's business and Connecticut residence address. If the agent has no business address, check the box to indicate he/she has no business address.)
--If the agent is a business entity, provide the address of its principal office in the block designated for "Business Address." Any person signing on behalf of a business entity agent must include his or her title in the signature line (see section number 5)
4. **CONNECTICUT MAILING ADDRESS OF REGISTERED AGENT.** All Limited Liability Companies and Domestic Stock corporations must provide a mailing address. A PO box is acceptable. Provide the mailing address here.
5. **EXECUTION/SIGNATURE.** The document must be executed/signed by an authorized official of the business entity whose agent has changed his/her address. The authorized official must print or type his/her name, state the capacity/ title under which he/she signs and provide a signature. 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:

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](tel:860-509-6003)

WEBSITE: business.ct.gov