

## **Secretary of the State of Connecticut**

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

## CHANGE OF BUSINESS ADDRESS DOMESTIC OR FOREIGN - All Entities

- USE INK. PRINT OR TYPE. ATTACH 8 ½" X 11" SI	HEETS IF NECESSARY Accessible Version Avail	<u>able</u>
FILING PARTY (CONFIRMATION WILL BE SENT	TO THIS ADDRESS):	FILING FEE: \$50
NAME:		FILING FEE: \$50
ADDRESS:		<u>EXCEPTION</u>
		No fee if <u>only</u> changing business <u>email address</u>
CITY:		Make checks payable to
STATE:	ZIP CODE:	"Secretary of the State"
EMAIL:		
TELEPHONE NUMBER:		
1. NAME OF BUSINESS ENTITY (REQUINITY INCluding the business designation (e.g.	I <u>RED</u> - Name provided must exactly match the , LLC, Inc., Corporations, etc.):	business name on file with our office,
2. PRINCIPAL OFFICE ADDRESS OF BUSINESS ( <u>REQUIRED</u> - Must be a street address. A P.O. Box is acceptable <u>as additional information only</u> ):		
ADDRESS:		
CITY:		
STATE: ZIP CODE:		
3. MAILING ADDRESS OF BUSINESS ( $\underline{F}$	REQUIRED - Street address or P.O. Box):	
ADDRESS:		
CITY:		
OTATE: 7ID CODE		
STATE: ZIP CODE:		
4. EMAIL ADDRESS OF BUSINESS:		
5. EXECUTION / SIGNATURE OF AUTHO	<b>DRIZED OFFICIAL</b> ( <u>REQUIRED</u> ) - Subject to p	penalties of false statement):
DATE SIGNED (mm/dd/saus)	,	
DATE SIGNED (IIIII/dd/yyyyy).	//	
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
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