

## Secretary of the State of Connecticut

Phone: 860-509-6003 Website: business.ct.gov Email: bsd@ct.gov

### Change of Agent Domestic (formed in Connecticut) - Accessible Version Available

All Entities Except Limited Partnerships - 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:                                                                                                                                                                                                                                                                               | Filing Fee: \$50                                                                                                       |  |
| City:<br>State: Zip Code:<br>Email:<br>Telephone Number:                                                                                                                                                                                                                               | <b>Exception: \$20</b><br>for nonstock (nonprofit) corporations.<br>Make checks payable to<br>"Secretary of the State" |  |
| <b>1. Name of Entity</b> ( <b>Required</b> - Name must match exactly. Include business designation such as LLC, Inc.,etc.):                                                                                                                                                            |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
| 2. Appointment of New Agent (Complete A or B, not both):                                                                                                                                                                                                                               |                                                                                                                        |  |
| A. If Agent is an Individual (Print or Type Full Legal Name):                                                                                                                                                                                                                          |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
| Business Address (No P.O. Box)                                                                                                                                                                                                                                                         |                                                                                                                        |  |
| Check box if no business address: Connecticut Residence Address (No P.O. Box)                                                                                                                                                                                                          |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
| Street: Street:                                                                                                                                                                                                                                                                        | (                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                        |  |
| Street: Street:                                                                                                                                                                                                                                                                        | CT Zip Code:                                                                                                           |  |
| Street: Street: City: City: State: Zip Code: State:                                                                                                                                                                                                                                    |                                                                                                                        |  |
| Street: Street: City: City:                                                                                                                                                                                                                                                            | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: State: State:                                                                                                                                                               | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Agent:                                                                                        | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Street or P.O. Box:   Street or P.O. Box:                                                     | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Agent:                                                                                        | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Street or P.O. Box:   Street or P.O. Box: City:                                               | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Street or P.O. Box:   Street or P.O. Box:                                                     | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code:   Connecticut Mailing Address of Registered Agent: State:   (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted or P.O. Box: Street or P.O. Box:   City: Street or P.O. Box:   State: CT   Zip Code: State: | CT Zip Code:                                                                                                           |  |
| Street: Street:   City: City:   State: Zip Code: State:   Connecticut Mailing Address of Registered Agent: (Required for all LLCs and Domestic Stock Corporations - P.O. Box is accepted Street or P.O. Box:   Street or P.O. Box: City:                                               | CT Zip Code:                                                                                                           |  |



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| Note: Do not complete 2B if 2A is completed.                                                                                         |                                                  |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|--|
| B. If Agent is a Business<br>(Print or Type: Name must match exactly. Include business designation such as LLC, Inc.,etc.):          |                                                  |           |  |
| Connecticut Business Address (No P.O. Box):                                                                                          |                                                  |           |  |
| Street:                                                                                                                              |                                                  |           |  |
| City:                                                                                                                                |                                                  |           |  |
| State: <b>CT</b> Zip Code:                                                                                                           |                                                  |           |  |
| Signature Accepting Appointment: ▶                                                                                                   |                                                  |           |  |
| Print Name & Title of Person Signing on Behalf of Agent:                                                                             |                                                  |           |  |
|                                                                                                                                      |                                                  |           |  |
| Connecticut Mailing Address of Registered Agent:<br>(Required for all LLCs and Domestic Stock Corporations - P.O. Box is acceptable) |                                                  |           |  |
| Street:                                                                                                                              |                                                  |           |  |
|                                                                                                                                      |                                                  |           |  |
| City:                                                                                                                                |                                                  |           |  |
| State: CT Zip Code:                                                                                                                  |                                                  |           |  |
| 3. Execution / Signature (Subject to penalties of false statement):                                                                  |                                                  |           |  |
| Date Signed: / /                                                                                                                     |                                                  |           |  |
|                                                                                                                                      |                                                  |           |  |
| Name of Signatory<br>(print or type)                                                                                                 | Capacity / Title of Signatory<br>(print or type) | Signature |  |
|                                                                                                                                      |                                                  |           |  |
|                                                                                                                                      |                                                  | ►         |  |
|                                                                                                                                      |                                                  |           |  |
|                                                                                                                                      |                                                  | <u> </u>  |  |

#### Instructions:

**1. Name of Entity:** Please provide the complete name of the business entity, as it appears on the records of The Secretary of the State. Include business designation such as LLC, Inc., etc. (Must match our records **exactly**.)

#### 2. Appointment of new agent: The business entity may appoint either:

A. Any individual who is a resident of Connecticut, including a principal of the business entity. (An individual must provide the complete street address of his or her business (**If none**, <u>must</u> check box provided) and a Connecticut residence address. Appointed agent must sign acceptance of appointment.

or

B. Any of the following business types, on record with this office:

• A Connecticut corporation, limited liability company, limited liability partnership or statutory trust\*

• A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office\*

• The business must provide a Connecticut business address in Box 2B.

• Print the name & title under the signature of the individual signing acceptance on behalf of the business agent.

\*The business name must match our records exactly and include a business designation such as LLC, Inc., etc.

Note: The entity may not appoint itself as its registered agent.

Note: LLC's and Domestic Stock Corporations must provide a Connecticut mailing address of appointed agent.

**3. Execution / Signature:** The document must be executed / signed by an authorized official of the business entity. That person must print or type their full legal name, state the capacity / title under which they sign and provide their signature.

The execution/signature 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

Website: <u>business.ct.gov</u>