



Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: www.business.ct.gov
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OFFICE USE ONLY
(Label)

CHANGE OF AGENT NAME BY REGISTERED AGENT LIMITED LIABILITY COMPANY - DOMESTIC OR FOREIGN

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

IMPORTANT NOTE: This form is to be used only when the name of the current agent is being changed. If a new agent is being appointed to replace the current agent, use the "Change of Agent" form instead.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: ZIP: EMAIL: TELEPHONE NUMBER:	FILING FEE: \$50 Make checks payable to "Secretary of the State"
1. NAME OF LIMITED LIABILITY COMPANY (REQUIRED - Name must exactly match the name on record with the Secretary of the State and must include the business designation, e.g. L.L.C., LLC, etc.):	
2. STATE / COUNTRY OF FORMATION IF NOT FORMED IN CONNECTICUT (REQUIRED):	
3. AGENT'S CURRENT NAME (REQUIRED - Name must exactly match the name on record with the Secretary of the State):	
4. NAME CHANGE (REQUIRED - Check and complete A or B, not both): <input type="checkbox"/> A. THE CURRENT AGENT IS AN INDIVIDUAL WHOSE LEGAL NAME HAS BEEN CHANGED TO: <input type="checkbox"/> B. THE CURRENT AGENT IS A BUSINESS ENTITY WHOSE LEGAL NAME HAS BEEN CHANGED TO:	
5. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement): A. NAME OF AGENT (print or type): _____ B. AGENT'S SIGNATURE (print or type): ► _____ C. CAPACITY / TITLE OF SIGNATORY (complete <u>only if agent is a business entity</u> ; otherwise, leave blank): _____ D. DATE SIGNED (mm/dd/yyyy): _____ / _____ / _____	

CHANGE OF AGENT'S NAME BY REGISTERED AGENT
LIMITED LIABILITY COMPANY, DOMESTIC OR FOREIGN

INSTRUCTIONS

Numbers correspond to numbers on the form.

***DO NOT USE THIS FORM TO APPOINT A NEW AGENT.
USE THE "CHANGE OF AGENT" FORM INSTEAD.***

1. **Name of the Limited Liability Company:** Provide the name of the Limited Liability Company as it appears on the records of the Secretary of the State.
2. **State / Country of formation:** Provide the name of the state or country where the Limited Liability Company was formed.
3. **Current Agent's Name:** Provide the current agent's name. The name provided must exactly match the name on file with the Secretary of the State.
4. **Change of Agent's Name:** If the agent is an individual, select Box A and provide the individual's new legal name. If the agent is a business entity (e.g. Corporation, LLC, etc.), select Box B and provide the entity's new legal name.

NOTE: The new name must exactly match the entity's name in the records of the Secretary of the State.

5. **Execution / Signature:** The document must be executed/signed by the registered agent of the Limited Liability Company. That person must print or type his/her name, sign and date it, and, if the agent is a business, the person signing on behalf of the entity must also indicate the capacity/title under which he or she is authorized to sign.

NOTE: 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:

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CONNECTICUT SECRETARY OF THE STATE
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HARTFORD, CT 06115-0470

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CONNECTICUT SECRETARY OF THE STATE
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