

No Filing Fee

**NOTIFICATION OF CHANGE IN ADDRESS  
BY MUNICIPALITY OR U.S. POSTAL  
SERVICE**

**STATE OF MAINE**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Entity)

The undersigned executes and delivers for filing the following Change of Address:

**FIRST:** The name of the clerk/registered agent as it appears on the record in the Secretary of State's office:

\_\_\_\_\_  
( name of clerk/registered agent)

**SECOND:** The **old address** of the clerk/registered agent as it appears on the record in the Secretary of State's office:

\_\_\_\_\_  
( street, city, state and zip code - old address)

**THIRD:** The **new address** of the clerk/registered agent:

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FOURTH:** This change of address was duly authorized by (choose one):

Town/Municipality

U.S. Postal Service

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

(1) \*This document **MUST** be signed by the municipal official or postmaster

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**