

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

Filing Fee \$35.00 for each limited liability partnership listed

STATE OF MAINE

**CHANGE OF REGISTERED AGENT
and/or
REGISTERED OFFICE**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to 31 MRSA §807, the undersigned limited liability partnership executes and delivers the following Change of Registered Agent and/or Registered Office:

- FIRST:** ("X" all boxes that apply)
- A.** change of registered office **B.** change of registered agent and registered office
- C.** change of registered agent **D.** change in name of current registered agent

SECOND: The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(street, city, state and zip code)

THIRD: Complete this Item as follows based on your selection in Item First:

A. The address of the new registered office (provide address information only);

B. The name and registered office of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information);

C. The name of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name only); **OR**

D. The new name of the current registered agent (provide name only).

(name of new registered agent or new name of current registered agent)

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

(mailing address if different from above)

FOURTH: The undersigned registered agent of the following limited liability partnership(s), who has changed the address of the registered office **OR** who has changed his or her name, has notified each limited liability partnership of the change indicated in Item Third A or D:

Name of Limited Liability Partnership

Names of additional limited liability partnerships attached hereto as Exhibit ____, and made a part hereof.

Note: The following **must** be signed by the proper person as designated below.*

DATED _____ *By _____
(signature)

(type or print name and capacity)

Acceptance of Appointment of New Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

Registered Agent _____ **DATED** _____

(signature) (type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____
By _____
(authorized signature) (type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form MLLP-18 (31 MRSA §807.2) must accompany this document.

*This certificate **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the Registered Agent **OR**
- (2) if Item First, B. or C. was selected, at least by at least one **partner** (31 MRSA §826.1.B) **OR**
By any duly **authorized person** (31 MRSA §826.2) **OR**
- (3) if Item First, D. was selected, then by the Registered Agent.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

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