

Filing Fee \$35.00 for each limited partnership listed

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

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

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
--

(Name of Limited Partnership)

Pursuant to 31 MRSA §494.6, the undersigned limited partnership executes and delivers the following Change of Registered Agent and/or Registered Office:

FIRST: ("X" all boxes that apply)

- | | |
|--|---|
| <p>A. <input type="checkbox"/> change of registered office</p> <p>C. <input type="checkbox"/> change of registered agent</p> | <p>B. <input type="checkbox"/> change of registered agent and registered office</p> <p>D. <input type="checkbox"/> change in name of current registered agent</p> |
|--|---|

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

(name)

(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 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 Partnership	Jurisdiction	Date Authorized to Transact Business in Maine

Names of additional limited 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 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 this form, then Form MLPA-18 (31 MRSA §494.2-A) 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 **general partner** (31 MRSA §499) **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**