

Filing Fee \$50.00

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

STATEMENT OF CORRECTION

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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(Name of Limited Partnership)

Pursuant to [31 MRSA §1327](#), the undersigned limited partnership formed under the laws of the State of Maine, executes and delivers for filing this Statement of Correction:

FIRST: Name of record requiring correction: _____
(i.e. Certificate of Limited Partnership, Certificate of Amendment, etc.)

SECOND: Date on which the record was filed by Secretary of State: _____

THIRD: Said record contained false or erroneous information or was defectively signed.

FOURTH: The incorrect information and the reason it is incorrect or the manner in which the signing was defective is: (Attach separate document if more space is needed.)

FIFTH: The portion of the said record is corrected to read in its entirety as follows: (Attach separate document if more space is needed.)

SIXTH: When filed by the Secretary of State, the Statement of Correction is effective retroactively as of the effective date of the record the statement corrects, but the statement is effective when filed, except for the purposes of [31 MRSA §1303.3 and 4](#), and as to those persons relying on the uncorrected record and adversely affected by the correction.

DATED _____

General Partner(s)*

(signature) (type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(signature) (type or print name)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MLPA-18 \(31 MRSA §1314.2\)](#) must accompany this document.

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 an Entity

Name of Business Entity** or Nonprofit Corporation _____

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

*Statement **MUST** be signed by at least one **general partner** listed in the certificate ([31 MRSA §1324.1.J](#))

The execution of this statement constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

**Business entity is defined as a business corporation, a limited partnership or a limited liability company.

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

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov