

LIMITED PARTNERSHIP

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

**STATEMENT OF
APPOINTMENT or CHANGE**

(Name of Limited Partnership as it appears on the records of
the Secretary of State)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [5 MRSA §§105, 108, & 109](#) the undersigned limited partnership executes and delivers the following statement of appointment and/or change of address by a noncommercial Registered Agent.

FIRST: ("X" all boxes that apply)

- A. change of address
- B. change of noncommercial registered agent and address
- C. change of noncommercial registered agent
- D. change in name of current noncommercial registered agent

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

(name of current registered agent)

(physical street address, city, state and zip code)

(mailing address if different from above)

THIRD: (For foreign limited partnerships only)

Jurisdiction of organization: _____

Date authorized to transact business in the State of Maine: _____

