FOREIGN NONPROFIT CORPORATION

N	ONPROFIT CORPORATION		
	STATE OF MAINE		
AMENDED APPLICATION FOR AUTHORITY TO CARRY ON ACTIVITIES		Deputy Secretary of State	
		A True Copy When Attested By Signature	
	(Name of Corporation)	Deputy Secretary of State	
	3-B MRSA §1207, the undersigned foreign corporationarry on Activities:	on executes and delivers the following Amended Application for	
FIRST:	The jurisdiction of its incorporation is		
SECOND:	The date on which it was authorized to carry on activities in the State of Maine is		
THIRD:	The proposed amendment to its application of authority is		
FOURTH:	The corporate name of the corporation has been changed to (If no change, so indicate.)		
		under the laws of its jurisdiction of	
	incorporation on (date)		
FIFTH:	If the real corporate name is not available, the fictitious name under which it proposes to apply for authority to carry on activities in the State of Maine is (If not applicable, so indicate.)		
	Form MNPCA-5 accompanies this applic	ation.	
	A fictitious name is a name adopted by a fore because its real name is unavailable pursuant to 13	ign corporation authorized to carry on activities in this States-B MRSA §301-A.	
SIXTH:	The activity (activities) which it seeks to pursue in t	he State of Maine is (are) authorized by the laws of its jurisdiction	
	of incorporation and consist(s) of (If no change, so indicate.)		

Filing Fee \$15.00

FORM NO. MNPCA-12A (1 of 2)

SEVENTH:	The new address of its registered or principal office, wherever located, is (If no change, so indicate.)		
	(street, city, state and zip code)		
EIGHTH:	The address of the registered office of the corporation in the State of Maine is		
	(street, city, state and zip code)		
DATED	*By		
	(signature of any duly authorized individual)		
	(type or print name and capacity)		

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

^{*}This document MUST be signed by any duly authorized individual.

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check only	v if applicable)
	required to pick up at our office in Augusta, Maine)
	s day) service: \$50 additional filing fee per entity
☐ Immediate expedited filing (same busing)	ness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing n	nultiple documents for the <u>same entity/charter number</u> at the same time
Payment can be made by check or money order obtain a credit card voucher at https://www.maine.g	(payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf.
Total fee(s)	enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested	l copy of the completed filing:
(Name	e of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330