

No Filing Fee

**NOTIFICATION OF CHANGE IN ADDRESS  
BY MUNICIPALITY OR U.S. POSTAL  
SERVICE**

**STATE OF MAINE**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Entity)

The undersigned executes and delivers for filing the following Change of Address:

**FIRST:** The name of the clerk/registered agent as it appears on the record in the Secretary of State's office:

\_\_\_\_\_  
( name of clerk/registered agent)

**SECOND:** The **old address** of the clerk/registered agent as it appears on the record in the Secretary of State's office:

\_\_\_\_\_  
( street, city, state and zip code - old address)

**THIRD:** The **new address** of the clerk/registered agent:

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

\_\_\_\_\_  
(mailing address if different from above)

**FOURTH:** This change of address was duly authorized by (choose one):

Town/Municipality

U.S. Postal Service

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

(1) \*This document **MUST** be signed by the municipal official or postmaster

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

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person) \_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)