

No Filing Fee

STATE OF MAINE

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

(name of foreign entity)

Deputy Secretary of State
A True Copy When Attested By Signature
Deputy Secretary of State

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

FIRST: The old home office address as it appears on the record in the Secretary of State's office:
(street, city, state and zip code - old address)

SECOND: The new home office address:
(physical location, not P.O. Box - street, city, state and zip code)
(mailing address if different from above)

THIRD: The jurisdiction of organization/incorporation is _____ and the date on which the entity was authorized to transact business in the State of Maine is _____.

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) *To be filed by a foreign corporation, limited liability company, limited partnership or limited liability partnership to change the address of its registered or principal office in its jurisdiction of incorporation/organization or wherever located.
(2) **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 TEL. (207) 624-7752

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):

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.

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)