

LIMITED LIABILITY COMPANY

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

STATEMENT OF APPOINTMENT or CHANGE (for Maine or Foreign LLC)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Maine or Foreign Limited Liability Company)

Pursuant to 5 MRSA §§105, 108, & 109 the undersigned limited liability company executes and delivers the following statement of appointment and/or change of name or address by a noncommercial Registered Agent.

FIRST: ("X" all boxes that apply)

- A. change of address
B. change to/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 current 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 liability companies only)

Jurisdiction of Organization:

Date authorized to transact business in the State of Maine:

FOURTH: Complete this Item as follows based on your selection in Item First:

- A.** The new address of the noncommercial registered agent (provide address information only);
- B.** The name and address of the **new** noncommercial registered agent (provide name and address information);
- C.** The name of the **new** noncommercial registered agent (provide name only); **OR**
- D.** The new name of the current noncommercial registered agent (provide name only).

(name of new noncommercial registered agent or new name of current noncommercial registered agent)

(physical street address, not a P.O. Box – city, state and zip code)

(mailing address if different from above)

FIFTH: Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

SIXTH: The undersigned noncommercial registered agent of the following limited liability company(s) has notified each limited liability company of the change indicated in Item First A or D:

Name of Limited Liability Company	Jurisdiction	Date authorized or organized in Maine
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of additional limited liability companies attached hereto as Exhibit ____, and made a part hereof.

Dated _____

*By _____
(authorized signature)

(type or print name and capacity)

*This statement **MUST** be signed as follows:

- (1) if Item First, A or D was selected, then by the noncommercial registered agent; **OR**
- (2) if Item First, B or C was selected, then by a person authorized by the limited liability company

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

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

