

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

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name 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