

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

STATEMENT OF APPOINTMENT or CHANGE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership as it appears on the records of the Secretary of State)

Pursuant to 5 MRSA §§105, 108, & 109 the undersigned limited liability partnership executes and delivers the following statement of appointment and/or change of 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 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 partnerships 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 §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.

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

Name of Limited Liability Partnership	Jurisdiction	Date authorized or organized in Maine

Names of additional limited liability partnerships attached hereto as Exhibit \_\_\_\_\_, and made a part hereof.

**Dated** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(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, by:
  - (i) at least one **partner** ([31 MRSA §826.1.B](#)) **OR**
  - (ii) any duly **authorized person** ([31 MRSA §826.2](#))

The execution of this statement 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](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**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: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

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

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(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](mailto: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, 4<sup>th</sup> Floor  
Augusta, ME 04330