

Filing Fee \$35.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT TO  
ADD/DELETE/CHANGE LOCATION  
WHERE AN ASSUMED NAME  
IS USED IN MAINE**

<hr style="width: 20%; margin: auto;"/> Deputy Secretary of State
<hr style="width: 80%; margin: auto;"/> <p><b>A True Copy When Attested By Signature</b></p> <hr style="width: 20%; margin: auto;"/> Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2](#), the undersigned limited partnership executes and delivers the following Statement to Add/Delete/Change Location Where an Assumed Name is Used in Maine:

**FIRST:** The assumed name of the limited partnership affected by this change:  
\_\_\_\_\_.

**SECOND:** The location where the assumed name is currently being used, if any:  
\_\_\_\_\_.

**THIRD:** The limited partnership intends to: (provide description of change/addition/deletion in the space provide below)

Change location(s)     
  Add additional location(s)     
  Delete location(s)

\_\_\_\_\_

\_\_\_\_\_

Additional locations are attached as Exhibit \_\_\_\_, and made a part hereof.

**GENERAL PARTNER(S)\***

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

\_\_\_\_\_  
(signature)

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

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

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

---

\*Statement **MUST** be signed by at least one **general partner** listed in the Certificate of Limited Partnership ([31 MRSA §1324.1.J](#)).

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:

---

---

**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](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