

Filing Fee \$35.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**COMMERCIAL 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](#) the undersigned limited partnership executes and delivers the following statement of appointment or change of a commercial Registered Agent.

**FIRST:** 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)

**SECOND:** The new CRA Public number is: \_\_\_\_\_

The name of the new CRA is: \_\_\_\_\_

**THIRD:** Pursuant to [5 MRSA §108.3](#), the registered agent listed above has consented to serve as the registered agent for this limited partnership.

**FOURTH:** (For foreign limited partnerships only)

Jurisdiction of organization: \_\_\_\_\_

Date authorized to transact business in the State of Maine: \_\_\_\_\_

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

\*By \_\_\_\_\_  
(signature)

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

\*This statement **MUST** be signed by at least one **general partner** ([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)

# 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):

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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.

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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)