

LIMITED PARTNERSHIP

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

**STATEMENT OF
APPOINTMENT or CHANGE**

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

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [5 MRSA §§105, 108, & 109](#) the undersigned limited 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 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 partnership.

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

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

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

Dated _____

(If general partner is an entity, name of entity)

*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 ([31 MRSA §1324.1.N](#)) **OR**
- (2) if Item First, B or C was selected, by at least one **general partner** ([31 MRSA §1324.1.J](#))

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

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):

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.

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)