

No Filing Fee

**NOTIFICATION OF CHANGE IN ADDRESS
BY MUNICIPALITY OR U.S. POSTAL
SERVICE**

STATE OF MAINE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Entity)

The undersigned executes and delivers for filing the following Change of Address:

FIRST: The name of the clerk/registered agent as it appears on the record in the Secretary of State's office:

(name of clerk/registered agent)

SECOND: The **old address** of the clerk/registered agent as it appears on the record in the Secretary of State's office:

(street, city, state and zip code - old address)

THIRD: The **new address** of the clerk/registered agent:

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

FOURTH: This change of address was duly authorized by (choose one):

Town/Municipality

U.S. Postal Service

DATED _____

*By _____
(signature)

(type or print name and capacity)

(1) *This document **MUST** be signed by the municipal official or postmaster

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

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