## Filing Fee \$5.00 **DOMESTIC** NONPROFIT CORPORATION INDEPENDENT LOCAL CHURCH **STATE OF MAINE** Deputy Secretary of State **CHANGE OF CLERK** and/or **ADDRESS** A True Copy When Attested By Signature Deputy Secretary of State (Name of Corporation) Pursuant to 13 MRSA §3025 the undersigned corporation executes and delivers for filing the following Change of Clerk and/or Address: **FIRST:** ("X" all boxes that apply) change of address change of clerk and address A. В. C. change of clerk D. change in name of current clerk **SECOND:** The name and address of the clerk appearing on the record in the Secretary of State's office: (name of current clerk) (street, city, state and zip code) THIRD: Complete this Item as follows based on your selection in Item First: A. The new address (provide address information only); В. The name and address of the **new** clerk (provide name and address information); C. The name of the **new** clerk (provide name only); **OR**

\_\_\_\_\_

D.

(name of new clerk or new name of current clerk)

The new name of the current clerk (provide name only).

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

(mailing address if different from above)

DATED	*By		
	-, <u></u>	(signature)	
		(type or print name and capacity)	
	*Bv		
	<i></i>	(signature)	
		(type or print name and capacity)	

(1) \*This document MUST be signed by the clerk or other duly authorized officer

Please remit your payment made payable to the Maine Secretary of State.

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check only if ap	oplicable)
Hold attested copy for pick up (will be requ	nired to pick up at our office in Augusta, Maine)
24-hour expedited filing (next business day	y) 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	le documents for the same entity/charter number at the same time.
Payment can be made by check or money order (paya obtain a credit card voucher at https://www.maine.gov/s	able to Maine Secretary of State) or by credit card. You may sos/cec/forms/credit.pdf.
Total fee(s) enclo	osed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <i>this</i> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested copy	y of the completed filing:
(Name of a	attested copy recipient)
(Fire	rm or Company)
(Ma	niling Address)
(Cit	ty, 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 6 E. Chestnut Street, 5th Floor Augusta, ME 04330