

Filing Fee \$90.00

(If changing ONLY Item FIFTH filing fee \$35.00)

LIMITED LIABILITY COMPANY

STATE OF MAINE

STATEMENT OF CHANGE
OF FOREIGN QUALIFICATION

(Name of the Foreign Limited Liability Company
in the Jurisdiction of Organization)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §1622.3](#), the undersigned limited liability company executes and delivers the following Statement of Change of Foreign Qualification:

FIRST: If the name of the limited liability company* in its jurisdiction of organization has been changed (If no change, so indicate), the proposed name to be used in this State:

_____.

SECOND: If the name of the limited liability company in the jurisdiction of organization does not comply with [31 MRSA §1508](#), the **fictitious** name under which it seeks authority to conduct activities in the State of Maine is (If not applicable, so indicate)

_____.

☐ Form [FICT-4](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability company** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §1508](#).

THIRD: The date on which the foreign limited liability company was qualified to conduct activities in the State of Maine:_____

FOURTH: The nature of the business or purpose(s) to be conducted or promoted in the State of Maine is (If no change, so indicate)

_____.

FIFTH: The **new** address of the principal office, wherever located, is: (If no change, so indicate)

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

(mailing address if different from above)

SIXTH: Complete only if there is a change to the registered agent information.

The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: _____

(Name of commercial registered agent)

☐ Noncommercial Registered Agent

(Name of noncommercial registered agent)

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

(mailing address if different from above)

SEVENTH: Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

EIGHTH: The new state or other jurisdiction under whose law the foreign limited liability company is now formed (if no change, so indicate):

A certificate of existence or such other document that the Secretary of State determines to be suitable for purposes of proving the valid existence of the foreign limited liability company under the law of the State or other jurisdiction is attached. The certificate or other document must not have been issued more than 90 days before the delivery of this statement to the office of the Secretary of State.

NINTH: Other changes to the statement, if any, are set forth in Exhibit _____ attached and made a part hereof.

Dated _____

(Authorized Signature**)

(Type or print name)

*The limited liability company name as used in the State of Maine must contain one of the following: “limited liability company” or “limited company” or the abbreviation “L.L.C.,” “LLC,” “L.C.” or “LC” or, in the case of a low-profit limited liability company, “L3C” or “l3c” – see 31 MRSA 1508). If the addition of these words is the **only** difference from the limited liability company's real name in its jurisdiction of organization, then no fictitious name filing is required.

****Pursuant to 31 MRSA §1676.1, this statement **MUST** be signed by a person authorized by the foreign limited liability company.**

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

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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330