		Filing Fee \$35.00
	LIMITED PARTNERSHIP	
	STATE OF MAINE	
	STATEMENT TO DELETE/CHANGE LOCATION IERE AN ASSUMED NAME IS USED IN MAINE	Deputy Secretary of State  A True Copy When Attested By Signature
	(Real Name of Limited Partnership)	Deputy Secretary of State
	MRSA §1308.2, the undersigned limited partnership executes and delivers the following Statement to hange Location Where an Assumed Name is Used in Maine:  The assumed name of the limited partnership affected by this change:	
ECOND:	The location where the assumed name is currently being used, if any:	
HIRD:	The limited partnership intends to: (provide description of change/addition/deletion in the space provide below)  Change location(s) Add additional location(s) Delete location(s)	
	Additional locations are	attached as Exhibit and made a part hereof

GENERAL PARTNER(S)*	DATED	
(signature)	(type or print name)	
For General Partner(s) which are Entities		
Name of Entity		
Ву		
(authorized signature)	(type or print name and capacity)	

\*Statement **MUST** be signed by at least one **general partner** listed in the Certificate of Limited Partnership (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

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check onl	ly if applicable)			
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)			
24-hour expedited filing (next busines	ss day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same bus	iness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filing i	multiple documents for the <b>same entity/charter number</b> at the same time			
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.			
Total fee(s)	enclosed: \$			
(Name of contact person)	(Daytime telephone number)			
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)			
Name and address of person to return the attested	d copy of the completed filing:			
(Nam	ne 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