

# SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE DOMESTIC LIMITED PARTNERSHIP

Office of the Secretary of the State

**MAILING ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

<b>Space for Office Use Only</b>	<b>Filing Fee: \$10.00</b>	<b>Make Checks Payable To "Secretary of the State"</b>
<b>Name of Limited Partnership:</b>		
<b>The above Limited Partnership appoints as its statutory agent for service, one of the following:</b>		
Name of natural person who is resident of Connecticut:	Business address: (P.O. box is unacceptable)  Residence address: (P.O. box is unacceptable)	
Name of Entity:	Address of principal office in Connecticut: (P.O. box is unacceptable)	
<b>AUTHORIZATION:</b>		
Dated this _____ day of _____, 20_____.		
_____ Print or type name of general partner	_____ Signature	
<b>ACCEPTANCE:</b>		
_____ Print or type name of statutory agent for service	_____ Signature of statutory agent for service	