

CHANGE OF STATUTORY AGENT'S ADDRESS

DOMESTIC OR FOREIGN LIMITED LIABILITY COMPANY

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

Space For Office Use Only		Filing Fee: \$25.00	Make Checks Payable To "Secretary of the State"
1. NAME OF LIMITED LIABILITY COMPANY			
2. CURRENT AGENT NAME AND NEW ADDRESS <i>Print or type name of agent:</i>		Business address: (complete address only, P.O. Box is not acceptable)	
		Residence address: (complete address only, P.O. Box is not acceptable)	
3. EXECUTION			
Dated this _____ day of _____, 20_____.			
Print or type name of agent		Signature of agent	

**INSTRUCTIONS FOR COMPLETION OF CHANGE OF
STATUTORY AGENT'S ADDRESS FORM**

Domestic or Foreign Limited Liability Company

Instructions correspond with numbered entries on the form

1. **NAME OF LIMITED LIABILITY COMPANY:** Please provide the name of the limited liability company as it appears on the records of the Secretary of the State.
2. **CURRENT AGENT NAME AND NEW ADDRESS INFORMATION:** **This form may not be used to appoint a NEW agent.** Please provide the name of the CURRENT statutory agent. If the agent is a natural person, provide the complete street address of his or her business and residence. If the agent is a corporation or limited liability company, it must provide the address of its principal office in the block designated for "Business address" and any person signing on its behalf must include his or her title on the signature line.
3. **EXECUTION:** The agent must print or type his or her full legal name in addition to a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.