



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003 WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## CHANGE OF AGENT'S ADDRESS DOMESTIC OR FOREIGN - ALL ENTITIES

C.G.S. §§ 33-661; 33-927; 33-1051; 33-1217; 34-13b; 34-38p; 34-104; 34-224;  
34-408; 34-429; 34-507; 34-532

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEET(S) IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):  NAME: ADDRESS:  CITY: STATE: ZIP:		<b>FILING FEE: \$50</b>  <b>EXCEPTION:</b> \$20.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS & LIMITED PARTNERSHIPS. MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF BUSINESS ENTITY - REQUIRED:</b> (INCLUDE BUSINESS DESIGNATION I.E., L.L.C., LLC, INC, ETC. MUST MATCH OUR RECORD EXACTLY)		
<b>2. STATE/COUNTRY OF FORMATION IF OTHER THAN CONNECTICUT, IF APPLICABLE - REQUIRED:</b>		
<b>3. CURRENT AGENT NAME - REQUIRED:</b>		
<b>BUSINESS ADDRESS:</b> (P.O.BOX UNACCEPTABLE)  ADDRESS:  CITY: STATE: ZIP:	<b>RESIDENCE ADDRESS:</b> (P.O.BOX UNACCEPTABLE)  ADDRESS:  CITY: STATE: ZIP:	
<b>4. EXECUTION:</b> (SUBJECT TO PENALTY OF FALSE STATEMENT)  DATED THIS _____ DAY OF _____, 20_____		
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE (required)

## **CHANGE OF AGENT'S ADDRESS**

Domestic or Foreign - All Entities

Filing Fee: \$50.00

[EXCEPTION: \$20.00 Filing Fee for Non-Stock (non-Profit) Corporations & Limited Partnerships]

Make checks payable to "Secretary of the State"

### **INSTRUCTIONS**

1. Name of business entity: Please provide the name of the business entity as it appears on the records of the Secretary of the State.
2. State/Country of formation: Please provide the business entity's state or country of formation.
3. 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 agent. If the agent is a natural person, provide the complete street address of his or her business and CT residence. (If no business address, MUST state "NONE".) If the agent is a business entity, 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.
4. Execution: The document must be executed/signed by an authorized official of the business entity. That person must print or type his/her name, state the capacity/title under which he/she signs and provide a signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

### **OFFICE OF THE SECRETARY OF THE STATE**

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CONNECTICUT SECRETARY OF THE STATE  
P.O. BOX 150470  
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