

LIMITED LIABILITY COMPANY
STATE OF MAINE
COMMERCIAL REGISTERED AGENT

STATEMENT OF
APPOINTMENT or CHANGE
(for a Maine or Foreign LLC)

(Name of Maine or Foreign Limited Liability Company)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
--

Pursuant to 5 MRSA §§105 & 108, the undersigned limited liability company executes and delivers the following statement of appointment or change of a commercial registered agent.

FIRST: The name and address of the current registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(physical street address, city, state and zip code)

SECOND: The new CRA Public number is: _____

The name of the new CRA is: _____

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

FOURTH: (For foreign limited liability companies only)

Jurisdiction of organization: _____

Date authorized to transact business in the State of Maine: _____

Dated _____

***By** _____
(authorized signature)

(type or print name and capacity)

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

The execution of this certificate 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

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)