

NONPROFIT CORPORATION

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

**STATEMENT OF
APPOINTMENT or CHANGE**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation as it appears on the records of the Secretary of State)

Pursuant to [5 MRSA §§105, 108, & 109](#) the undersigned corporation executes and delivers the following statement of appointment and/or change of address by a noncommercial registered agent.

FIRST: ("X" all boxes that apply)

- A. change of address
- B. change of noncommercial registered agent and address
- C. change of noncommercial registered agent
- D. change in name of current noncommercial registered agent

SECOND: The name and address of the 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)

(mailing address if different from above)

THIRD: (For foreign nonprofit corporations only)

Jurisdiction of Organization: _____

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

FOURTH: Complete this Item as follows based on your selection in Item First:

- A.** The new address of the noncommercial registered agent (provide address information only);
- B.** The name and address of the **new** noncommercial registered agent (provide name and address information);
- C.** The name of the **new** noncommercial registered agent (provide name only); **OR**
- D.** The new name of the current noncommercial registered agent (provide name only).

(name of new noncommercial registered agent or new name of current noncommercial registered agent)

(physical street address, not a P.O. Box – city, state and zip code)

(mailing address if different from above)

FIFTH: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

SIXTH: The undersigned noncommercial registered agent of the following corporation(s) has notified each corporation of the change indicated in Item Third A or D:

Name of Nonprofit Corporation	Jurisdiction	Date incorporated or authorized in Maine
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Names of additional corporations attached hereto as Exhibit ____, and made a part hereof.

Dated _____

***By** _____
(signature)

(type or print name and capacity)

*This statement **MUST** be signed as follows:

- (1) if Item First, A or D was selected, then by the noncommercial registered agent **OR**
- (2) if Item First, B or C was selected, then by any duly authorized officer

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)