

STATE OF MAINE

STATEMENT OF APPOINTMENT  
OR CHANGE OF CLERK  
OR REGISTERED AGENT

(Domestic and Foreign Entities)

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(Exact Legal Name of Entity on the records of the Secretary of State)

**FIRST:** This change is a result of:

- A new clerk or registered agent (\*see signature requirements on second page) or
- A change to the existing clerk or registered agent information (\*\*see signature requirements on second page)
- Change of address
- Change in name of current clerk or registered agent

**SECOND:** The name of the current clerk or registered agent appearing on the record in the Secretary of State's office:

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(name of current clerk or registered agent)

**THIRD:** New information if appointing a noncommercial clerk or registered agent:

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(name of noncommercial clerk or registered agent)

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

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(mailing address if different from above)

**FOURTH:** New information if appointing a commercial clerk or registered agent:

The new CRA Public number is: \_\_\_\_\_

The name of the new CRA is: \_\_\_\_\_

**FIFTH:** Pursuant to [5 MRSA §105.2](#) or [108.3](#), the clerk or registered agent as listed above has consented to serve as the clerk or registered agent for this entity.

**SIXTH: DOMESTIC BUSINESS CORPORATIONS ONLY**

Upon a change in commercial or noncommercial clerk, one of the following must be completed: ("X" one box only)

- The change of commercial or noncommercial clerk was duly authorized by the board of directors of the corporation and that the power to appoint the commercial or noncommercial clerk is not reserved to the shareholders by the articles or the bylaws.
- The change of commercial or noncommercial clerk was duly authorized by the shareholders of the corporation.

**SEVENTH: (Foreign Entities Only)**

Jurisdiction of incorporation or organization: \_\_\_\_\_

Date authorized to transact business in the State of Maine: \_\_\_\_\_

**EIGHTH: LIMITED PARTNERSHIPS AND LIMITED LIABILITY PARTNERSHIPS (only if applicable)**

If signing partner or general partner is an entity, name of entity: \_\_\_\_\_

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(original written signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(title of signer)

**\*MUST** be signed as follows:

- (1) if a Business Corporation, by any duly authorized officer **OR** the clerk (13-C MRSA §121.5) **OR**
- (2) if a Limited Liability Company, by any duly authorized person (31 MRSA §1676.1B) **OR**
- (3) if a Limited Liability Partnership, at least one partner **OR** any duly authorized person (31 MRSA §826.1) (31 MRSA §860.1) **OR**
- (4) if a Limited Partnership, by at least one **general partner** (31 MRSA §1324.1.J) (31 MRSA §1324.1.M) **OR**
- (5) if a Nonprofit Corporation, by any duly authorized officer. (13-B MRSA §104.1.B)

**\*\*MUST** be signed by the existing clerk or registered agent (13-C MRSA §121.5)

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](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE:** Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

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

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330