



Vermont Secretary of State
CHANGE OF REGISTERED AGENT OR AGENT ADDRESS of a Business or Nonprofit Entity, Trade Name, or Telemarketer

PLEASE RETURN ACKNOWLEDGEMENT TO: (REQUIRED - NAME AND ADDRESS)

NAME _____

ADDRESS _____

File No.: _____

Business ID: _____

New Expiration: _____
 For General Partnerships Only

Processed by: _____
 FOR OFFICE USE ONLY

PLEASE REVIEW INSTRUCTIONS PAGE BEFORE BEGINNING.
 THIS DOCUMENT MUST BE TYPEWRITTEN OR PRINTED (11A V.S.A. § 1.20)

1. BUSINESS NAME: REQUIRED _____

2. BUSINESS REGISTRATION TYPE OF RECORD: REQUIRED - SELECT ONLY ONE (1) OF THE FOLLOWING

- Profit Corporation ([11A V.S.A. § 4.02](#))
- Nonprofit Corporation ([11B V.S.A. § 4.02](#))
- Mutual Benefit Enterprise (MBE) ([11C V.S.A. § 118](#))
- Limited Liability Company (LLC, PLC, or L3C) ([11 V.S.A. § 3006](#))
- Partnership (General, LLP, or LP) ([11 V.S.A. § 3310\(13\)](#), [11 V.S.A. § 3404](#))
- Trade Name ([11 V.S.A. § 1621a](#))
- Telemarketer ([9 V.S.A. § 2464b](#))

3. CURRENT REGISTERED AGENT INFORMATION OF RECORD: REQUIRED - AS CURRENTLY ON RECORD WITH THE VT SECRETARY OF STATE

- a. **NAME:** _____
- b. **PHYSICAL ADDRESS:** NO PO BOX _____
 City/Town: _____ State: **VT** ZIP Code: _____ - _____
- c. **MAILING ADDRESS:** _____
 City/Town: _____ State: **VT** ZIP Code: _____ - _____

4. NEW REGISTERED AGENT INFORMATION: REQUIRED - MUST SELECT AND FILL IN **AT LEAST ONE (1)** OF THE FOLLOWING

- a. **NEW REGISTERED AGENT:** IF SELECTED
 THE FOLLOWING INDIVIDUAL OR BUSINESS ENTITY IS HEREBY DESIGNATED TO RECEIVE ANY SERVICE OF PROCESS ON BEHALF OF THIS BUSINESS ENTITY OR TRADE NAME:
 Name: _____
- b. **NEW PHYSICAL ADDRESS:** IF SELECTED - NORMAL LOCATION WHERE THE AGENT CAN BE LOCATED DURING REGUALR BUSINESS HOURS
 THE FOLLOWING ADDRESS IS HEREBY DESIGNATED AS THE LOCATION AT WHICH ANY SERVICE OF PROCESS THE REGISTERED AGENT IS TO BE SERVED ANY SERVICE OF PROCESS IN THE NAME OF THIS BUSINESS ENTITY OR TRADE NAME:
 Physical Address: NO PO BOX _____
 City/Town: _____ State: **VT** Zip Code: _____ - _____
- c. **NEW MAILING ADDRESS:** IF SELECTED
 Mailing Address: _____
 City/Town: _____ State: **VT** ZIP Code: _____ - _____
- d. **NEW EMAIL:** IF SELECTED _____

CERTIFICATION OF CHANGE: REQUIRED

- a. I hereby certify, under penalty of law (11A V.S.A. § 1.29, 11B V.S.A. § 1.29, 11C V.S.A. § 205, 11 V.S.A. § 3029, 11 V.S.A. § 3205, or 11 V.S.A. § 3417), that I am authorized to file this document, the above information is accurate as of the filing date, and that this form is **provided in duplicate**, with **a self-addressed stamped envelope** and **a check or money order**, payable to the VT SOS, in the amount of **\$25.00**.

Printed or Typed Name of Certifying Official _____ Signature _____ Title _____ Date _____

Printed or Typed Name of Partner 2 - IF A GENERAL PARTNERSHIP OR LLP _____ Signature _____ Title _____ Date _____

- b. I hereby confirm my appointment as Registered Agent for this Business Entity or Trade Name. IF LINE 4a. SELECTED AS A CHANGE.

Printed Name of New Agent or Principal of New Business Entity Agent _____ Signature _____ Title _____ Date _____

PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE FILING.



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SUBMISSION INSTRUCTIONS

1. This registration must be filed in duplicate, i.e. *ONE (1) ORIGINAL + ONE (1) COPY -or- TWO (2) ORIGINALS*, with a self addressed stamped envelope and a check or money order, payable to "VT SOS" in the amount of **\$25.00**.

NOTE: Nonprofit Change of Agent or Office Fee is also \$25.00 as of 7/1/2013.

2. Changes of Registered Agent may only be accepted by Mail or In-person at:

**Vermont Secretary of State
 Corporations Division
 128 State Street
 Montpelier, VT 05633-1104**

Note: *Changes of Registered Agent or Office cannot be accepted by Phone, Fax, or E-mail.*

3. Payment Options: Check or Money Order made payable to "VT SOS"

- a. Payments cannot be accepted by Phone, Fax or E-mail.
- b. Credit cards cannot be accepted for reinstatement applications.
- c. Cash should not be sent by Mail.

4. Evidence of Filing will be returned the first business day following processing – also you may check our website for filing verification at:

<https://www.vtsosonline.com/online/BusinessInquire/>

- a. Please, allow 3-5 business days, from the day this is received in our office, for processing.
- b. Please, allow 2-4 weeks, following processing, for the Website information to be updated.

*****THIS FILING IS NOW AVAILABLE ONLINE*****

- **THIS FORM CANNOT be accepted by Phone, Fax, or E-mail; however, this filing is now available online:**
 - If you wish to submit this filing electronically, **DO NOT** fill out **THIS FORM**, please file online at <https://www.vtsosonline.com/online/Account>.
- Payment for **THIS FORM** also **CANNOT** be accepted by **credit card or e-check (ACH)**; however, payment by **credit card or e-check (ACH)** is available by filing online:
 - If you wish to submit payment by credit card or e-check (ACH), **DO NOT** fill out **THIS FORM**, please file online at <https://www.vtsosonline.com/online/Account>.
- Online filing normally takes 1 business day or less.

FORM INSTRUCTIONS

Line 1. REQUIRED Each Business Entity must continuously maintain in this state a registered agent, who may be an individual or an active registered business entity (no trade name (DBA) registrations) with a physical business address in the state of Vermont.

Line 2. REQUIRED Must select the business type on record for the business listed on Line 1.

Line 3. REQUIRED Registered Agent information exactly as on record with the Vermont Secretary of State.

Line 4. REQUIRED Must select and fill in AT LEAST ONE (1) piece of registered agent information to change.

Certification. REQUIRED

- a. If the Registered Agent is changing, both of the following must sign:
 - (1) An authorized representative of the business (see below) filing this form
 - (2) The new registered agent confirming appointment or a principal of the corporate or company Registered Agent (see below).

NOTE: A separate written letter of confirmation signed by the Registered Agent (or authorized representative) will be accepted in place of the New Agent's signature on this form.

- b. If only the office, mailing address, or email of the Registered Agent is being changed: only the signature of an Authorized Representative of either the Business Entity or of the current Registered Agent will sign as certifying official.

c. Authorized representative(s) by business structure (for both the certifying official and any corporate/company registered agents):

(1) **PROFIT CORPORATION, NONPROFIT CORPORATION, MBE, LLC/PLC/L3C, LP, or Trade Name (DBA)** – One principal currently on record with the Vermont Secretary of State

(2) **GENERAL OR LIMITED LIABILITY PARTNERSHIP** – Two (2) Partners currently on record with the Vermont Secretary of State. (11 V.S.A. § 3275(A))