STATE OF MAINE

STATEMENT OF APPOINTMENT OR CHANGE OF CLERK OR REGISTERED AGENT

(Domestic and Foreign Entities)

,			
(Exact Legal	l 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:		
	(name of current clerk or registered agent)		
THIRD:	New information if appointing a noncommercial clerk or registered agent:		
	(name of noncommercial clerk or registered agent)		
	(physical street address, not P.O. Box - city, state and zip code)		
	(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.		

SIX1H:	DOMESTIC BUSINESS CORPORATIONS ONLY				
	Upon a change in	n commercial or noncommer	cial clerk, one of the following must be completed: ("X" one box only)		
	corporation shareholder	n and that the power to appoir rs by the articles or the bylaw	ercial clerk was duly authorized by the board of directors of the at the commercial or noncommercial clerk is not reserved to the rs. ercial 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)		
(2) if a Limi(3) if a Limi(4) if a Limi	ness Corporation, by ted Liability Compa ted Liability Partner ted Partnership, by a	any, by any duly authorized prship, at least one partner OR	OR the clerk (13-C MRSA §121.5) OR erson (31 MRSA §1676.1B) OR any duly authorized person (31 MRSA §826.1) (31 MRSA §860.1) OR (31 MRSA §1324.1.J) (31 MRSA §1324.1.M) OR r. (13-B MRSA §104.1.B)		
**MUST be si	gned by the existing	clerk or registered agent (13	-C MRSA §121.5)		
Please remit yo	our payment made pa	ayable to the Maine Secretary	of State.		
Submit comple	ted form to:	Secretary of State Division of Corporations,	UCC and Commissions		

Form No. CLK/RA 3 (2 of 2) 12/23

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:					
Optional special handling request(s): (check onl	ly if applicable)				
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)				
24-hour expedited filing (next busines	ss day) service: \$50 additional filing fee per entity				
Immediate expedited filing (same bus	iness day): \$100 additional filing fee per entity				
NOTE: Only one expedite fee is required if filing i	multiple documents for the same entity/charter number at the same time				
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.				
Total fee(s)	enclosed: \$				
(Name of contact person)	(Daytime telephone number)				
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)				
Name and address of person to return the attested	d copy of the completed filing:				
(Nam	ne of attested copy recipient)				
	(Firm or Company)				
	(Mailing Address)				
	(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

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