	FOREIGN BUSINESS CORPORATION		
	STATE OF MAINE		
	ENDED APPLICATION FOR THORITY TO DO BUSINESS	Deputy Secretary of State	
		A True Copy When Attested By Signature	
	(Name of Corporation)	Deputy Secretary of State	
	3-C MRSA §1504, the undersigned foreign corporation of Business:	on executes and delivers the following Amended Application	
FIRST:	The jurisdiction <b>currently</b> appearing on the record i	s	
SECOND:	The date on which it was authorized to do business in the State of Maine is		
THIRD:	The name of the foreign corporation has been changed to (if no change, so indicate):		
	If the real corporate name is not available, the <b>fictitious</b> name under which it proposes to apply for authority to do business in the State of Maine is (if not applicable, so indicate):		
	Form MBCA-5 accompanies this application.		
	A <b>fictitious name</b> is a name adopted by a <b>foreign</b> because its real name is unavailable pursuant to 13	corporation authorized to transact business in this State -C MRSA §401.	
FOURTH:	The <b>new</b> address of its principal office, wherever located, is (if no change, so indicate):		
	(street, city, state and zip code)		
	(mailing address if different from above)		
FIFTH:	The <b>new</b> state or country under whose law the foreign corporation is now incorporated (if no change, so indicate):		

A certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is now incorporated accompanies the change in Item FIFTH. The certificate of existence must have been made

not more than 90 days prior to the delivery of this application for filing.

Filing Fee \$70.00

(If amending ONLY Item FOURTH filing fee \$35.00)

DATED	*D	
DATED	ъу	(original written signature of any duly authorized officer)
		(type or print name)
		(title of signer)

Please remit your payment made payable to the Maine Secretary of State.

<sup>\*</sup>This document MUST be signed by any duly authorized officer. (13-C MRSA §121.5)

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check on	aly if applicable)			
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)			
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same bus	siness 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 orde obtain a credit card voucher at https://www.maine	er (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	ed copy of the completed filing:			
(Nan	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