NOTIFICATION OF CHANGE IN ADDRESS BY MUNICIPALITY OR U.S. POSTAL SERVICE

STATE OF MAINE

o Filing Fee		
	Deputy Secretary of State	
A Tru	ie Copy When Attested By Signature	

(Name of Entity)

Deputy Secretary of State

The undersigned executes and delivers for filing the following Change of Address:

FIRST:	The name of the clerk/registered agent as it app	bears on the record in the Secretary of State's office:
	(na	me of clerk/registered agent)
SECOND:	The old address of the clerk/registered agent as	s it appears on the record in the Secretary of State's office:
	(street, cit	ty, state and zip code - old address)
THIRD:	The new address of the clerk/registered agent:	
	(physical locatio	on, not P.O. Box – street, city, state and zip code)
	(mail	ing address if different from above)
FOURTH:	This change of address was duly authorized by	
	Town/Municipality	U.S. Postal Service
DATED		*By
		(signature)
		(type or print name and capacity)

(1) *This document **MUST** be signed by the municipal official or postmaster

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 FORM NO. RO-E911 4/18/2006 TEL. (207) 624-7752

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check o	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 busin	ness day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same by	usiness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filin	g multiple documents for the <u>same entity/charter number</u> at the same tin			
Payment can be made by check or money ord obtain a credit card voucher at https://www.main	ler (payable to Maine Secretary of State) or by credit card. You may ne.gov/sos/cec/forms/credit.pdf.			
Total fee(s	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 attes	sted copy of the completed filing:			
(Na	ame of attested copy recipient)			
	(Firm or Company)			
	(Mailing Address)			

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