



CHANGE OF REGISTERED AGENT OR OFFICE of a
Business Entity or Trade Name Registered to do business in the State of
Vermont

Business ID: _____

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

New Expiration: _____
For General Partnerships Only

Processed by: _____
FOR OFFICE USE ONLY

1. BUSINESS NAME: *REQUIRED – AS CURRENTLY ON RECORD WITH VERMONT SECRETARY OF STATE* _____

2. CURRENT (FORMER) REGISTERED AGENT AND OFFICE: *REQUIRED – AS CURRENTLY ON RECORD WITH THE VERMONT SECRETARY OF STATE*

The following individual, corporation, or LLC is hereby designated to receive any service of process on behalf of this company:

a. Registered Agent: *NAME* _____

b. Registered Office: The following is currently designated as the physical business location at which any service of process for this company is to be served to the Registered Agent:

Street Address: *NO PO BOX* _____

City/Town: _____ State: VT ZIP/Postal Code: _____ - _____

c. Agent's Mailing Address:

Mailing Address: _____

City/Town: _____ State: VT ZIP/Postal Code: _____ - _____

d. Agent's email Address: _____

3. NEW REGISTERED AGENT AND/OR OFFICE: *REQUIRED - NEW INDIVIDUAL OR BUSINESS ENTITY (TRADE NAMES AND PARTNERSHIPS (GENERAL, LLP, AND LP) MAY ONLY APPOINT INDIVIDUALS) TO WHOM SERVICE OF PROCESS WILL BE SERVED ON BEHALF OF THIS BUSINESS ENTITY OR TRADE NAME*

The following individual, corporation, or LLC is hereby designated to receive any service of process on behalf of this company:

a. Registered Agent: *NAME* _____

b. Registered Office: The following is hereby designated to be the physical business location at which any service of process for this company is to be served to the Registered Agent:

Street Address: *NO PO BOX* _____

City/Town: _____ State: VT ZIP/Postal Code: _____ - _____

c. Agent's Mailing Address:

Mailing Address: _____

City/Town: _____ State: VT ZIP/Postal Code: _____ - _____

d. Agent's email Address: _____

CERTIFICATION OF STATEMENT:

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 a signed original of this document with two exact copies of signed original document, a self-addressed stamped envelope and a check or money, 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 REQUIRED* _____ Signature _____ Title _____ Date _____

CERTIFYING OFFICIAL: BY ENTITY STRUCTURE:

- CORPORATION** – ONE (1) DIRECTOR OR OFFICER ON FILE WITH VERMONT SECRETARY OF STATE (11A V.S.A. § 1.29);
- NONPROFIT** – ONE (1) DIRECTOR OR OFFICER ON FILE WITH VERMONT SECRETARY OF STATE. (11B V.S.A. § 1.29)
- LIMITED LIABILITY COMPANY** – ONE (1) MEMBER OR MANAGER ON FILED WITH VERMONT SECRETARY OF STATE. (11 V.S.A. § 3029)
- GENERAL OR LIMITED LIABILITY PARTNERSHIP** – TWO (2) PARTNERS ON FILE WITH VERMONT SECRETARY OF STATE. (11 V.S.A. § 3275(A))
- LIMITED PARTNERSHIP** – ONE (1) GENERAL PARTNER ON FILE WITH THE VERMONT SECRETARY OF STATE. (11 V.S.A. § 3414)
- TRADE NAME** – ONE (1) INDIVIDUAL MEMBER OR PARTNER CURRENTLY ON FILE WITH VERMONT SECRETARY OF STATE.

b. I hereby confirm my appointment as Registered Agent for this Business Entity or Trade Name.

Signature of New Agent (If any) _____ Date _____