



**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**

PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE FILING

**BUSINESS NAME:** *REQUIRED* \_\_\_\_\_

**CURRENT REGISTERED AGENT:** *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 business name:

Agent's Name: \_\_\_\_\_

Agent's Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Agent's Email: \_\_\_\_\_

**CURRENT REGISTERED OFFICE (Agent's Physical Business Address)** *REQUIRED – AS CURRENTLY ON RECORD WITH THE VT SECRETARY OF STATE*

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:

Agent's Physical Business Address: *NO PO BOX* \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

SELECT AND FILL IN ONLY THE INFORMATION THAT IS BEING UPDATED/CHANGED IN LINES 1-4:

**1. NEW REGISTERED AGENT:** *IF CHANGING- 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:

Agent's Name: \_\_\_\_\_

**2. NEW REGISTERED OFFICE:** *IF CHANGING - THE PHYSICAL BUSINESS ADDRESS ( IE. THE LOCATION WHERE THE AGENT CAN BE LOCATED DURING NORMAL BUSINESS HOURS) AT WHICH ANY SERVICE OF PROCESS FOR THIS COMPANY IS TO BE SERVED TO THE REGISTERED AGENT*

THE FOLLOWING IS HEREBY DESIGNATED AS THE LOCATION AT WHICH THE REGISTERED AGENT IS TO RECEIVE ANY SERVICE OF PROCESS:

Agent's Physical Business Address: *NO PO BOX* \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

**3. NEW MAILING ADDRESS:** *IF CHANGING-*

Agent's Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

**4. NEW EMAIL:** *IF CHANGING-*

**CERTIFICATION OF CHANGE:**

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 \_\_\_\_\_

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

Signature of New Agent (If any) \_\_\_\_\_ Date \_\_\_\_\_

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**SUBMISSION INSTRUCTIONS**

A. This registration must be filed in duplicate (I.E. *ONE (1) ORIGINAL AND 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**.

B. Statements of Partnership Authority can only be accepted by Mail or In-person at:

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

Note: Registrations of Foreign Limited Partnership cannot be accepted by Phone, Fax or E-mail.

C. 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.

D. Evidence of Filing will be returned the first business day following processing – also you may check our website for filing verification at: [corps.sec.state.vt.us/corpbrow.aspx](http://corps.sec.state.vt.us/corpbrow.aspx)

- a. Please allow 3-5 business days, from the day this is received in our office, for processing.
- b. Please allow 24 hours, following processing, for Website information to be updated.

**FORM INSTRUCTIONS**

**Line 1. a.** Each Business Entity must continuously maintain in this state a registered agent, who may be:  
**(1) Corporations and Nonprofits:** an individual who is a resident of this state or a corporation that is authorized to do business in this State.

**(2) Mutual Benefit Enterprises:** an individual who is a resident of this state or any business entity that is authorized to do business in this State.

**(3) Limited Liability Companies (LLC/PLC/L3C):** an individual who is a resident of this state, or a corporation or LLC that is authorized to do business in this State.

**(4) Limited Liability Partnerships:** an individual who is a resident of this state or other person authorized to do business in this state. (11 V.S.A. § 3291(d))

**(5) General Partnerships:** an individual who is a resident of this state or other person authorized to do business in this state. (11 V.S.A. § 3291(d))

**(6) Limited Partnerships:** an individual who is a resident of this state or other person authorized to do business in this state. (11 V.S.A. § 3291(d))

**(7) Trade Names (of an individual, partnership, or association)** a person having an office or place of business and residing in the town wherein the principal business office is located.

**Line 2.** Registered Office is the Agent's Physical Business Address and may be (but not required to be) the same as its Principal Office.

**Certification 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 authorized representative of 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 the Registered Agent will sign as certifying official.

**c.** Authorized representative(s) by business structure:

**(1) CORPORATION and NONPROFIT** – One (1) Director or Officer currently on record with the Vermont Secretary of State (11A/B V.S.A. § 1.29);

**(2) MUTUAL BENEFIT ENTERPRISE (MBE)**– One 1 Director currently on record with the Vermont Secretary of State

**(3) LIMITED LIABILITY COMPANY (LLC/PLC/L3C)** – One (1) Member or Manager currently on record with the Vermont Secretary of State. (11 V.S.A. § 3029)

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

**(5) LIMITED PARTNERSHIP** – One (1) GENERAL PARTNER currently on record with the Vermont Secretary of State. (11 V.S.A. § 3414)

**(6) TRADE NAME** – One (1) Individual Owner (Member or Partner) currently on record with the Vermont Secretary of State