

State of New Hampshire

Filing Fee: \$35.00

Form FP-3
RSA 305-A:2-a

FOREIGN PARTNERSHIP CERTIFICATE OF CHANGE

Pursuant to Chapter 305-A:2-a of the Revised Statutes Annotated of the State of New Hampshire, I,

_____, a partner of _____

_____,

a partnership organized and existing under the laws of _____ do hereby certify:

(Check where appropriate, supplying details as requested.)

[] A. That said partnership has undergone the following change in the composition of its partners:

Partner(s) **withdrawn** (attach additional sheet if necessary):

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

or Partner(s) **added** (attach additional sheet if necessary):

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

to the effect that the resultant composition of said partnership is as follows (attach additional sheet if necessary):

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

(name) (address) (city/state/zip)

The effective date of change is _____.

[] B. That said partnership has changed its partnership name as follows:

Name before change:

Name after change (current name):

The effective date of change is _____.

That the foregoing changes in said partnership have been duly effected in the manner prescribed by the laws of _____ wherein such partnership is organized.

Signature of Partner

Print or type name

Date signed: _____

STATE OF _____

COUNTY OF _____

(city)

(date)

_____, being duly sworn, did depose and say: That he is a partner of _____; that he has read the foregoing certificate and knows the contents thereof and that the statements contained therein are true. Subscribed and sworn to before me,

(Signature of Notary Public)

[seal]

My commission expires: _____, _____

DISCLAIMER: All documents filed with the Corporate Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fee with ORIGINAL and ONE EXACT OR CONFORMED COPY to: Corporate Division, Department of State, 107 North Main Street, Concord NH 03301-4989.