



ADDING OR CHANGING COMPANY NAME

This application and the items listed below must be completed if the licensee wishes to add or change the currently licensed company name.

1. This application must include a \$25.00 check (may be a company check) for a name change.
2. The **original** license **must** accompany this application
3. A copy of the Mississippi Secretary of State change of company name.
4. The application must be notarized.

Current name and address of licensee:

Name: _____ License #:

Street: _____ PO Box: _____ City: _____

County: _____ State: _____ ZIP: _____ Phone #: _____ Fax #: _____

Proposed new name:

Name:

The said licensee wishes to rename the company on or about _____, 20_____.

CERTIFICATION

The undersigned certifies that the facts contained in this application are true and that he/she has been duly authorized to file this application.

Print Name Date

Signature Title Telephone Number

State _____

County _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the _____ day of _____, 20 _____.

(Notary Seal)

Notary Public _____

My Commission expires: _____

Please forward this notarized application and the above information to:

Mailing Address:
PO Box 12129
Jackson, MS 39236

Overnight Delivery:
4780 I-55 North, Fifth Floor
Jackson, MS 39211