Entity File Number:			
Entity Name:			
For each Yes	button that you mark the question will appear belo	w for you to fill out.	
1). Do you want to Add individuals to the Business Entity?		Yes	No
1). If Yes, who do you want to Add to t	he Business Entity and what Position will they hold	1?	
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
2). Do you want to Remove individual	s from the Business Entity?	Yes	No
2). If Yes, who do you want to Remove	from the Business Entity and what Position do the	y hold?	
Name:	Position:		
Name:	Position:		
Name:	Position:		
3). Do you want to Change the Address	ss of the Business Entity's Principal(s)?	Yes	No
3). If Yes, who is the Principal(s) whose	e Address you wish to Change?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
	aformation maintained by the Division is classified as public an the residential or private address of any individual affilia		purposes, you may
Under penalties of perjury and as an authorize knowledge and belief, true, correct and complete	ed authority, I declare that this statement of change(s), has belete.	een examined by me and is,	, to the best of my
Name/Title:	Signature:	Date:	