

Entity File Number:			
Entity Name:			
For each Yes bu	itton that you mark the question will appear belo	ow for you to fill out.	
1). Do you want to Add individuals to th	e Business Entity?	Yes	No
1). If Yes, who do you want to Add to the	e 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 individuals f	rom the Business Entity?	Yes	No
2). If Yes, who do you want to Remove fr	com the Business Entity and what Position do the	y hold?	
Name:	Position:		
Name:	Position:		
Name:	Position:		
3). Do you want to Change the Address	of the Business Entity's Principal(s)?	Yes	No
3). If Yes, who is the Principal(s) whose	Address you wish to Change?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
the business entity physical address rather than	formation maintained by the Division is classified as publ the residential or private address of any individual affilia authority, I declare that this statement of change(s), has be e.	ated with the entity.	
Name/Title:	Signature:	Date:	