



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399-0361

**CHANGE OF NAME & REQUEST FOR
 REVISED LICENSE CERTIFICATE - Entities**

NONREFUNDABLE REQUIRED FEE: \$25

This form is for entity licensees (corporations, LLCs, or partnerships) to amend their license records to reflect a change of name and to have a new certificate of license issued in the new name.

NOTE: For most categories of entity licensees under chapter 497, Florida Statutes, a change in control must be approved by the Board before it occurs. This form may not be used to file for Board approval regarding a change in control.

Section 1. CURRENT LICENSEE NAME		
<u>Licensee's current name under which it is licensed:</u>		
<u>License number:</u>	<u>FEIN:</u>	
<u>Contact name:</u>		
<u>Contact phone number:</u>		
Section 2. MAILING ADDRESS		
<u>Street address or P.O. Box:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
Section 3. NEW NAME OF LICENSEE		
<u>a) Licensee's new name:</u>		
<u>b) Operation under this new name is authorized under papers filed with the Florida Department of State:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>c) Attached to this application are copies of records issued by the Florida Department of State, recognizing the name change:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		
FOR DFS USE ONLY:		
<u>BT</u>	<u>TYCL</u>	<u>FT</u>
<u>V</u>	<u>3801</u>	<u>F \$25.00</u>

d) Check one:

- Applicant has attached the original of its existing certificate of license to this application.
- Applicant is unable to attach the original of its certificate of license because it has been lost, stolen, or destroyed.

Section 4. CERTIFICATION

I, the person signing below as licensee representative, do hereby swear or affirm that I am duly authorized to make this application on behalf of the licensee, and that the information supplied in the application is true and correct, and I do hereby request on behalf of the licensee that the Department of Financial Services issue a duplicate certificate of license to the licensee.

Signature of Licensee Representative

Date Signed

Mail completed application with all attachments and required fees to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100

Make checks payable to the Dept of Financial Services.