Entity File Number:			
Entity Name:			
For each Yes but	ton 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 the	Business Entity and what Position will they hold	!?	
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 fro	om the Business Entity?	Yes	No
2). If Yes, who do you want to Remove fro	om the Business Entity and what Position do the	y hold?	
Name:	Position:		
Name:			
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 A	ddress you wish to Change?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
	ormation maintained by the Division is classified as publi he residential or private address of any individual affilia		ity purposes, you may t
Under penalties of perjury and as an authorized at knowledge and belief, true, correct and complete.	uthority, I declare that this statement of change(s), has be	een examined by me and is,	, to the best of my
Name/Title:	Signature:	Date:	