



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

CHANGE OF NAME & REQUEST FOR REVISED LICENSE CERTIFICATE - Entities

This form is used by entity licensees (corporations, LLCs, or partnerships) to have their license records amended to reflect a change of name; and to then have issued to them a new certificate of license 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 (use the "Miscellaneous Applications" form, available on Division website).

REQUIRED FEE: \$25 (must accompany this form)

**Mail this form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing,
 P.O. Box 6100, Tallahassee, FL 32314-6100.**

PRINT OR TYPE CLEARLY.

Section 1. CURRENT NAME & ADDRESS	
a) Licensee's current name (enter exact name under which currently licensed):	
License number:	FEIN:
d) Address to which the revised license should be mailed:	
e) Name and phone number of your staff member the Division can call if it has questions: Name: _____ Phone with area code: _____	
Section 2. NEW NAME	
a) The new name:	
b) Operation under this new name is authorized under papers filed with the Florida Department of State: <div style="text-align: center;">(circle applicable) YES NO</div>	
c) Applicant attaches to this application copies of records issued by the Florida Department of State, recognizing the name change (circle applicable): YES NO	
<i>(Non-exclusive list of examples of acceptable Department of State records: certified copy of filed amendment to articles of incorporation (corporation) or organization (LLC); certified copy of fictitious name filing; certified copy of amendment to partnership registration)</i>	
FOR DFS USE ONLY: <u>BT</u> <u>TYCL</u> <u>FT</u> V 3801 F \$25.00	

d) Check one:

Applicant has stapled to this application the original of its existing certificate of license.

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

Section 3. 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