

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |
|---|--|
| <input type="checkbox"/> \$50 Filing Fee and Certificate of Registration (Free of Charge) | <input type="checkbox"/> \$102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge) |
|---|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CERTIFICATE OF CHANGE OF NAME  
OF THE REGISTRANT OR APPLICANT OF A  
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: \_\_\_\_\_

2. Registration Number: \_\_\_\_\_

3. Date of Registration: \_\_\_\_\_

4. a. Name of owner as it appears on the trademark/service mark registration:

\_\_\_\_\_

b. Address of owner as it appears on the trademark/service mark registration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. a. New name of owner:

\_\_\_\_\_

b. New mailing address, if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:**

Owner's Signature: \_\_\_\_\_

Typed/Printed Name of Person Signing: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Enter Name of Person Signing Above)

Personally appeared before me,  who is personally known to me or  whose identity I  
proved on the basis of \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires: \_\_\_\_\_

(Attach additional sheet if necessary)

<b>Filing fee:</b>	<b>\$50.00</b>
<b>Certificate of Registration:</b>	<b>Issued Free of Charge</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>