



Secretary of the State of Connecticut

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NAME CHANGE OF REGISTERED MARK OWNER

- USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		<p>FILING FEE: \$50</p> <p>EXCEPTION: \$25.00 FILING FEE FOR COLLECTIVE OR CERTIFICATION MARK.</p> <p>- MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
NAME:	ADDRESS:	
CITY:	STATE:	ZIP:
1. CURRENT NAME OF RECORD OWNER:		
2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):		
3. CONNECTICUT REGISTRATION NUMBER:		
4. THE NAME OF THE MARK'S OWNER BEEN CHANGED TO:		
5. EXECUTION:		
I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE.		
DATED THIS _____ DAY OF _____, 20_____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
THE OWNER MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK AS ACTUALLY USED IN THIS STATE		