



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

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): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:	<p align="center">FILING FEE: \$50</p> <p>EXCEPTION: \$25.00 FILING FEE FOR COLLECTIVE OR CERTIFICATION MARK. - MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p> <p>MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470</p> <p>DELIVERY ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 165 CAPITOL AVENUE HARTFORD, CT 06106</p>
---	--

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