



BUSINESS TRADE NAME AMENDMENT FORM

State of New Jersey - County of Atlantic

This is to certify that: (your personal or corporation name on top line)

Is (are) conducting a business
under the trade name of:

Business Address

City

State

Zip

Type/nature of business

Indicate the full names and residence addresses of ALL persons who will continue as members of such business.

1.

Print Name

Signature

Address

Contact Phone Number

2.

Print Name

Signature

Address

Contact Phone Number

3.

Print Name

Signature

Address

Contact Phone Number

THE REASON FOR THE AMENDMENT OF YOUR ORIGINAL TRADE NAME SHOULD BE STATED IN THIS SECTION BELOW – Check with Clerk's Office for instructions in this section if required – PLEASE NOTE: YOUR ORIGINAL BUSINESS TRADE NAME CANNOT BE CHANGED ON THIS FORM

ORIGINAL FILE NO. _____ ORIGINAL FILE DATE _____

Reason For Amendment: _____

Signature(s) of Authorization: _____

**NOTARY PUBLIC ACKNOWLEDGEMENT SECTION:
ALL SIGNERS ON THIS FORM MUST BE ACKNOWLEDGED**

On this ___ day of _____ 20__

The above personally appeared and signed this in my presence.

SIGNATURE OF NOTARY PUBLIC

Non-residents of the State of New Jersey do appoint the County Clerk of Atlantic County and his successor in office, our true and lawful attorney, upon whom all original process in any legal proceedings against said firm or partnership may be served, and hereby agree that such original process which may be served on such County Clerk may be of same force and validity as if served upon said nonresident partner or partners, the authority hereby granted shall continue in force so long as the firm or partnership does business in the State of New Jersey under said name.