

\$5.00 Filing Fee

DBA # _____

Filed _____

Expires _____

AMENDMENT OF ADDRESS
CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

This amendment corrects the original Assumed Name Certificate with the address listed as:

Business Name _____

Old Street Address _____

City, State, Zip _____

Person(s) listed _____,

hereby states that the address is being changed to:

New street address _____

City, State, Zip _____

Dated _____

Parties signature

Parties signature

State of Michigan)
) SS
County of Oscoda)

Sworn to and subscribed before me, a Notary Public in and for the County of _____, State of Michigan, this _____ day of _____, 20_____.

Notary Public
County of _____
My commission expires _____