



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.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: _____	FILING FEE: \$50 <i>EXCEPTION: \$25.00 FILING FEE FOR COLLECTIVE OR CERTIFICATION MARK. MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>	
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		