

Address Change Approval, Page 1 of 1

Return by fax or Mail to:



P.O. Box 1183
 Round Rock TX 78680-1183
 Phone: 512-551-8235
 Fax: 866-660-5431

Is this a new Company identity or new organization entity or change of ownership ? _____
 (If so, we require Articles of Dissolution, or a letter from the former company on letterhead authenticating the change.)

Old Address Information:

Company Name::			
Name:		Phone #:	
Address:		Fax #:	
City:		Email:	
State:		Zip	

Please change the following information on file:

NEW Address Information:

✓ Company Name::			
✓ Name:		✓ Phone:	
✓ Address:		✓ Fax :	
✓ City:		✓ Email:	
✓ State:		✓ Zip	

Customers Signature (if available)		Date:	
Printed Name:			

For Internal Purposes only:

- Completed by Customer ✓
- Completed Internally by talking to: _____ on: _____ ✓

Date Filed: _____ by: _____