

**DON GRAY**  
SANGAMON COUNTY CLERK

SANGAMON COUNTY COMPLEX  
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**Certificate of Change of Assumed Business Name**

An Assumed Business Name Certificate was filed in the Office of the Sangamon County Clerk under the name \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ the following person(s) wish(es) to have the following change(s) made to the above Assumed Name Certificate by filing this supplementary certificate with the Office of the County Clerk.

- Business Address Change  
  Business Phone Number Change  
  Owner(s) Address Change  
  Owner Legal Name Change

<b>Business Address Change</b>	<i>(Publication not required)</i>	<b>Previous Address of Business</b> _____ City _____ State _____ Zip _____  <b>New Business Address or Additional Address</b> _____ City _____ State _____ Zip _____  New Business Phone Number _____
<b>Owner Address</b>	<i>(Publication not required)</i>	<b>Owner Name</b> _____ Phone _____ <b>Previous Address</b> _____ City _____ State _____ Zip _____  <b>New Address</b> _____ City _____ State _____ Zip _____
<b>Owner Legal Name Change</b>	<i>(Publication not required)</i>	Please <b>print</b> the full name of the person meeting legal requirements for a name change.  Previous Name _____  New Name _____

STATE OF ILLINOIS            )  
  )  
COUNTY OF SANGAMON    )

This is to certify that the undersigned, upon oath, deposes and says that the foregoing is a duly acknowledged change to the above certificate of Assumed Business Name. This certificate shall set forth the changes to the original Certificate previously filed.

\_\_\_\_\_  
(Signature)    (Date)    (Signature)    (Date)

*(For office use only)* Deputy Clerk Initials \_\_\_\_\_ Date \_\_\_\_\_