

SANGAMON COUNTY COMPLEX
ROOM 101, COUNTY BUILDING
200 SOUTH NINTH STREET
SPRINGFIELD, ILLINOIS 62701
TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233
www.countyclerk.sangamonil.gov



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

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

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

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 _____