



Office of the Clark County Clerk
Lynn Marie Goya

Certificate of Business: Fictitious Firm Name

Address Change

Please Print or Type

The expiration date for certificate shall remain five years from the original date of filing.

Original Certificate File Number _____

Fictitious Firm Name (DBA) _____
(Fictitious Firm Name or Doing Business As)

Change **Mailing** Address From: _____
Mailing Address City, State, Zip

Change **Mailing** Address To: _____
Mailing Address City, State, Zip

Change **Business** Address From: _____
Street Address of Business or Residence City, State, Zip

Change **Business** Address To: _____
Street Address of Business or Residence City, State, Zip

By signing below I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

Individual Requesting Change _____
(Please type or print Full Name and title as it appears on certificate)

Signature of Individual Requesting Change _____
(Signature) (Date)

STATE OF _____ }
COUNTY OF _____ } SS:

This instrument was acknowledged before me on _____
(Date)

by _____
(Name of individuals whose signatures are being notarized)

Signature of Notary Public/Deputy Clerk

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: completed form and self-addressed stamped envelope. There is no fee required.